2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10153

1. Entity Name



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03-13-2007 90015 021 ****61.25

OF FLOR	IDA	COLFILD MAGON	0						
Principal Place ROY CONNOR 220 OCEAN S JACKSONVILL	R SHEPPARD	Mailing Address ROY CONNOR SHEPPA 220 OCEAN ST JACKSONVILLE, FL 32		us		034830			161 fi 1611
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01202007 C	hg-NP	CR2E037 (1	2/06)	
City & State	e	City & State			4. FEI Number 59-038380)3			plied For Applicable
Žip	Country	Zip	Cou	untry	5. Certificate of S	tatus Desired	+	75 Addi Required	
	6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New Reg	jistered Ager	it	
01150040	B BOY CONNOD			Name					
220 OCEA	D, ROY CONNOR N ST			Street Address	(P.O. Box Number is	Not Acceptable)	•		
	VILLE, FL 32202				`				
				City			FL	Zip Code	•
	named entity submits this statement fo	r the purpose of changing its	register	ed office or registe	ered agent, or both, in	the State of Florid	da. I am famil	liar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registered agent	and little if applicable. (NO	E: Registere	od Agent signature require	ed when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund	mpaign f	inancing	\$5.00 May Be Added to Fees		DATE Ke check pa a Departme	-	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SI	GN	AT	UR	E
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 393-4649

Daytime Phone #