2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address

SIGNATURE: \$

FILED Jan 22, 2007 8:00 am Secretary of State

01-22-2007 90093 026 ***150.00

DOCUMENT # F58653 MELOY HAY COMPANY, INC. գսսսաս». Mailing Address Principal Place of Business 3621 BUCKINGHAM RD. 3621 BUCKINGHAM RD. FORT MYERS, FL 33905 FORT MYERS, FL 33905 2. Principal Place of Business - No P.O. Box # 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-2218404 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MELOY, DAVID W. Street Address (P.O. Box Number is Not Acceptable) 3621 BUCKINGHAM ROAD FORT MYERS, FL 33905-4204 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. PD ☐ Addition Delete ☐ Chance TITLE 11111 MELOY, DAVID W NAME NAME STREET ADDRESS 3621 BUCKINGHAM ROAD STREET ADDRESS CITY-ST-ZIP FT MYERS, FL CITY-ST-ZIP 00000. Delete TITLE ☐ Change ☐ Addition TITLE MELOY, DONALD W NAME NAME 3621 BUCKINGHAM RD. STREET ADDRESS STREET ADDRESS FT. MYERS, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition _ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, 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.

DIRECTOR