2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # G59893 Feb 05, 2007 08:00 AM **Secretary of State** QUICKPRINT OF SANIBEL ISLAND, INC. Principal Place of Business Mailing Address . 1101 PERIWINKLE WAY, D104 SANIBEL ISLAND FL 33957 1101 PERIWINKLE WAY, D104 SANIBEL ISLAND FL 33957 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suito, Apt. #, otc Suita Apt #, atc 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-2346638 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo GORDON, BARRY G Street Address (P.O. Box Number is Not Acceptable) 776 CONCH COURT SANIBEL ISLAND FL 33957 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition THU Defete THILE GORDON, BARRY G. ΝΛΜΙ NAMI U00000620340 02/09/07-80033-008 150.00 776 CONCH COURT STREET ADDRESS STREET ADDRESS SANIBEL ISLAND FL COY-SI-ZIP CITY-S1-ZIP Change Addition Delete GORDON, NANCY J. NAME 776 CONCH COURT STREET ADDRESS STREET ADDRESS SANIBEL ISLAND FL CITY-ST-7IP CITY - ST - 71P ☐ Change ☐ Addition TITLE Delete TITLE NAME NAMI STREET ADDRESS SIRELI ADDRESS CITY-SI-ZIP CHY-ST-ZIP Addition ☐ Defete NAME: STPLET ADDRESS STREET ADDRESS CHY-SI-7IP CITY+SI-7IP Addition HILE Delete IIILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete ☐ Change THE TITLE NAMI' NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 early; that I am an officer or director of the exercise 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.

FILED