## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State
08-01-2007 90036 024 ***550 00

NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME SIREET ADDRESS CITY-ST-2IP	1. Entity Nam	e	#J10924 & GODDARD, P	. <b>A</b> .		08-01-2007	90036 0	24 ***55(	).00			
Suite	2959 FIRST AVENUE NORTH 2959 FIRST AVI											189( )  ISS)
Cory & State    Cory & State   Cory & State   Cory & State   Sp. 2681023   Sp. 2681023   Registered   Registered Agent   Sp. 2681023   Sp. 2681023   Registered   Registered Agent   Sp. 2681023   Sp. 2681023   Registered Agent   Sp. 2681023   Sp. 2681023   Registered Agent   Sp. 2681023   Sp. 268	2. Principal P	lace of Busin	ness - No P.O Box#	3.	Mailing Address							
Special Country   Zip   Country   Zip   Country   Special Countr	Suite, Apt. #, etc.				Suite, Apt. #, etc.			07052007	Chg-P	CR2E0	34 (12/06)	
S. Owner and Address of Current Registered Agent  7. Name and Address of New Registered 4port  8ACON, DAVID A. 2959 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713  6. The above names path, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Protoc I am familiar with, and accept the obligations of registered agent.  8. The above names path, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Protoc I am familiar with, and accept the obligations of registered agent.  8. The above names path, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Protoc I am familiar with, and accept the obligations of registered agent.  8. In the statement for the purpose of changing its registered office or registered agent, or both, in the State of Protoc I am familiar with, and accept the obligations of registered agent.  8. In the statement for the purpose of changing its registered office or registered agent, or both, in the State of Protoc I am familiar with, and accept the obligations of registered agent.  8. In the statement for the purpose of changing its registered office or registered agent, or both, in the State of Protoc I am familiar with, and accept the obligations of registered agent.  8. In the statement for the purpose of changing its registered office or registered agent, or both, in the State of Protoc I am familiar with, and accept the obligations of registered agent.  8. In the statement for the purpose of changing its registered agent.  9. Election Cempalar Financing Statement in the Statement in th	City & State	e			City & State		1	1				
Name	Zip		·		Zip Coun		itry	5. Certificate of Status Desired Fee R		Fee Required		
Street Address (P. O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name	and Address of Curr	ent Regis	tered Agent		Name	7. Name and	Address of New I	Registered A	gent	
E. 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 more of registered agent, or both, in the State of Florida. I am familiar with and accept more of registered agent.  SIGNATURE  SIGNATURE  Signature, based or protectioned agent and their approach agent agent and representer reached when relationship.  Due by September 14, 2007  9. Election Campaign Financing That Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. ADDITIONS/CHANGES TO OFFICE AGENT AND OFFICE AGENT							Street Address (P.O. Box Number is Not Acceptable)					
E. 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	ST. PETERSBURG, FL 33713							· · ·	14			
SIGNATURE    Signature   Signa							City		**************************************	FL	Zip Code	9
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007  9. Election Campaign Financing				nt for the p	ourpose of changing its	s register	ed office or reg	istered agent, or bo	th, in the State of F	lorida. I am I	amiliar with,	and accept
Trust Fund Contribution   Added to Fees  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE PD   Delete   THE   AMAGE   Addition   Addition	SIGNATURE_	Signature, typed	or printed name of registered	agent and title	if applicable. (NO	TE Registere	ed Agent signature rec	quired when reinstating)		DATE		
THE NAME BACON, DAVID A.  SIREET ADDRESS  CITY-ST-2P  THE  CITY-ST-2P  THE					1	-						
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  SECRET TARY BACON, DAVID A.  SIREET ADDRESS CITY-ST-ZIP  TITLE  SECRET TARY BACON, BRITH TO Belse  TITLE  NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  NAME SIREET ADDRESS	10.		OFFICERS /	ND DIRE	CTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE NAME GODDARD, FRANK W. STRET ADDRESS CITY-ST-2P STC. PST-2P STRET ADDRESS CITY-ST-2P STRET	NAME STREET ADDRESS	BACON, I 2959 1ST	AVENUE, NORTH		☐ Delete	NAM STR	AE EET ADDRESS				Change	Addition
SECRETARY BACON , Brittny P.  (same address)  ITLE   Delete   ITLE   MAME   MAM	name Street address	GODDAR 2959 1ST	AVENUE, NORTH		☐ Delete	NAM STR	ME EET ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. 1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes   further certify that the information indicated on this report as 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 strustee encowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:	NAME STREET ADDRESS	SECRE BACON	TARY , Brittny		☐ Delete	naa Str	AE EET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes I further certify that the information indicated on this report of 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. Trustee emplowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like emplowered.  SIGNATURE:	TITLE NAME STREET ADDRESS	(55		<u> </u>	☐ Delete	NAN STR	ae Eet address				Change	Addition
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SIGNATURE AND TYPED OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR Date Carriere Priore	indicated of the co changed	on this reportation or all, or on an all	or or supplemental rep the receiver trustee tachment with an addr	enpowere ess, with a	and accurate and that to execute this repo ill other like empowere	my signa rt as requ d.	ature shall have lired by Chapte		es, and that my nar	ne appears	n Block 10 o	