2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000089000 Mar 19, 2007 08:00 AM **Secretary of State** LOAD FINDER FL. INC. Principal Place of Business Mailing Address 2409 N ORIENT RD TAMPA FL 33619 1617 S. DOVER RD DOVER FL 33527 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suitc. Apt. #, etc 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-3673015 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 HYNICK, ANDREW 1617 S. DOVER RD Street Address (P.O. Box Number is Not Acceptable) DOVER FL 33527 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 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. PST ☐ Change 11111 ☐ Delete ши ■ Adddion HYNICK, ANDREW U00000672369 03/28/07-80068-001 150.00 NAMI NAMI 1617 S. DOVER RD STREET FADDRESS STREEFADDRESS DOVER FL 33527 CHY+SI+ZIP CHY-SI-ZIP ☐ Delete Change ■ Addition THU HYNICK, SANDRA L NAME 1617 S. DOVER RD STREET ADDRESS STREET ADDRESS DOVER FL 33527 CHY-SI-ZII CHY-SI-7/P Change Addition ☐ Delete TITLE HIII NAM! NAME STATE LADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP Change ■ Addition Delete NAMI NAME STOLE LAODRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP ☐ Delete Change Addition DILL TIME NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP ☐ Change Addition DILL ☐ Delete 11111 NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP I hereby 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 eath; 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.

Pandra L. Hynick March 16, 2007 813 684-4555

FILED