2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P05000043712 1. Entity Name TREVETT MOCK, INC.								04-30-2007 9	90435 025 ***1:	50.00	
Principal Place of Business Mailing Address											
9428 BAYME	EADOWS ROA	QA	9428 BAYMEADOWS ROAD					·			
SUITE 120	E EL 2225	.c. u.c	SUITE 120								
JACKSONVILL	LE, FL 3223	66 US	JACKSONVILLE, FL 32256 US					18:11	1 48 40 4 0 60 6440 1 460 2462		
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address P. O. Box 706								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03212007	Chg-P	CR2E034 (12/06)	
City & State			City & State				4. FEI Numbe	r		Applied For	
			Fernandina Beach, FL			FL	16-1720	0632		Vot Applicable	
Zip	Country		^{Zip} 32035	ntry assau		5. Certificate	of Status Desired	See Required			
6. Name and Address of Current F							7. Name and Address of New Registered Agent				
					Name	Name					
MCCRANIE, CHRISTOPHER J 9428 BAYMEADOWS ROAD					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 120 JACKSONVILLE, FL 32256											
JACKSON	1 V ILLL, 1 L	32230		City				□	ode .		
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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) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. \$5.00 May Be Added to Fees											
10.	1"=	OFFICERS AND I	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTO			
TITLE NAME	P Delete HARRY, TREVETT R			TITI NAM	1				☐ Change	☐ Addition	
STREET ADDRESS	9428 BAYMEADOWS ROAD, SUITE 120				EET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 32256				Y-ST-ZIP						
TITLE	VP Delete IIII.				1				X Change	Addition	
NAME CIRCLY ADDRESS	WILLIAM, MOCK J 9428 BAYMEADOWS ROAD, SUITE 120 STRE				ME EET ADDRESS	1 2 0	in c 1/	1+h c+ c	Suite 200		
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32256								FL 32034		
TITLE			☐ Delete	1111	LE	101		. Beach,	Change	Addition	
NAME				NAJ							
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP						
TITLE			☐ Delete						Change	☐ Addition	
NAME	ļ		Delete	NA	1						
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP					□ A2202a	
TITLE NAME			☐ Delete	TITI NAN	i				☐ Change	Addition	
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				CIT	Y-ST-ZIP				,		
TITLE			☐ Delete						Change	Addition	
NAME STREET ADDRESS				NA) Str	VIE Leet address						
CITY-ST-ZIP					Y-ST-ZIP						
12. hereby o	certify that the	e information supplied with	this filing does not qu	alify for the ex	emptions co	ontained	I in Chapter 119	Florida Statutes. I	further certify that the	information	
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 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.											

4/24/07

964-2618822

Daytime Ptione #