2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2007 08:00 AM DOCUMENT # P93000067090 - 5 1. Entity Namo **Secretary of State** REVIVALS, INC. Principal Place of Business Mailing Address 2500 OBERLIN AVE 2500 OBERLIN AVE ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suita, Apt. #, etc. Suito, Apt #. etc 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 59-3204962 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo STURGILL, PAMELA M Street Address (P.O. Box Number is Not Acceptable) 2500 OBERLIN AVE ORLANDO FL 32804 City Zıp Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida | am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little it 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition Defete titu ☐ Change STURGILL, PAMELA M NAME NAME 2500 OBERLIN AVE STREET ADDRESS STREET ADDRESS U00000652983 ORLANDO FL 32804 CITY-ST-ZIP CITY+S1-ZIP <u>/13/07-80002-016 150.00</u> IIILE ■ Addition ☐ Delete Change TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Defete THE __ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete THE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY+SI-ZIP City - S1-7IP HILL Delete IIILE Change Addition NAME NAME STREE! ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 furstee empowered to execute this report as required by Chapter 607. Florida Statutos; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empoyered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-07 4074225571

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