


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90020 029 \*\*\*150.00

DOCUMENT # P97000001090		
1. Entity Name THE ANNEN CORPORATION		
Principal Place of Business 580 LAUREL AVE. EAGLE LAKE FL 33839	Mailing Address 580 LAUREL AVE. EAGLE LAKE FL 33839	



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 96 W. Otis Rd.
City & State Same	City & State Winter Haven, Fl.
Zip 33884	Country USA

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0727783	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANKENSHIP, RANDALL 170 E CENTRAL AVE WINTERHAVEN FL 33880	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNEN, CAROL 96 LK. OTIS RD WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Oswalt, Carol ← same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLEPPER, ALICIA 1210 TOMAHAWK CR. NW CLEVELAND TN 37312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify 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 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.

SIGNATURE: Carol Oswalt Carol Oswalt 4/08/08 8633258433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Department of Health Vital Statistics  
STATE OF FLORIDA  
MARRIAGE RECORD

45076622

(STATE FILE NUMBER)

# P97000001090

TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

INSTR # 2007257640  
OR BK 07517 PG 1520  
RECORDED 12/28/2007 02:09 PM  
RICHARD M. WEISS CLERK OF COURT  
POLK COUNTY

W2007-4046

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) BARNEY LEE OSWALT JR			2. DATE OF BIRTH (Month, Day, Year) 03/30/1956	
3a. RESIDENCE - CITY, TOWN, OR LOCATION WINTER HAVEN	3b. COUNTY POLK	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) GEORGIA	
5a. BRIDE'S NAME (First, Middle, Last) CAROLYN SUE ANNEN		5b. MAIDEN SURNAME (if different) WEBB	6. DATE OF BIRTH (Month, Day, Year) 04/25/1954	
7a. RESIDENCE - CITY, TOWN, OR LOCATION WINTER HAVEN	7b. COUNTY POLK	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) OHIO	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Barney Lee Oswalt Jr</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/13/2007
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Carolyn Sue Annen</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/13/2007
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE POLK	18. DATE LICENSE ISSUED 12/13/2007	18a. DATE LICENSE EFFECTIVE 12/16/2007	19. EXPIRATION DATE 02/14/2008
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE CLERK OF THE CIRCUIT COURT	20c. BY D.C. TM

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 12-23-07	22. CITY, TOWN, OR LOCATION OF MARRIAGE New Hope Church - Winter Haven, FL		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) 3920 Da 4 <sup>th</sup> Ave W. H. FL 33884		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Dennis A. Gispson Minister of the Gospel	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c
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I hereby certify this is a true and correct copy of the record on file in this office.  
RICHARD M. WEISS, CLERK OF COURTS

BY: *[Signature]*  
Deputy Clerk

THIS: DEC 28 2007



SEAL