2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUI 1. Entity Net/70 SHANNOI | | | | 2007 OCT -8 AM 9: 36 | | | | | | | |
| D-111-01 | 4 D i = | | Administration of address of | 1 | | | | 2001 001 -0 | AFT S | 1: 30 | |
| Principal Place of Business | | | Mailing Address | | | | O C CO C T A D S | / OE 63 | አተና | | |
| 305 PINE STREET PALATKA, FL 32177 | | | 305 PINE STREET Palatka, Fl. 32177 | | | | | SECRETARY TALLAHASS | ו טר או ככ כוו | AIE adina | |
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| | | | | | | | | | | <u> </u> | 1831 H 1861 |
| 2. Principal Pl | lace of Busin | ness - No P.O. Box # | 3. Mailing Address | | | | | | | | |
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| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 10012007 | Chg-P | CR2E | 034 (12/06) | | |
| City & State | | | City & State | | | | 4. FEI Numbe | | | Ap | plied For |
| | | | _ <u></u> | | | 20-5566008 | | | No | t Applicable | |
| Zip | Country Zip | | Zip | Country | | , | 5. Certificate | of Status Desired | × | \$8.75 Add | |
| | | | Balabara Amara | | | | | | Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. Name and | Address of New R | egistered | Agent | |
| WILKINSON, DEREK M | | | | | | | | | | | |
| 305 PINE STREET | | | | | Street A | ddress (| P.O. Box Numb | er is Not Acceptable |)) | | |
| PALATKA, | } | | | | | | | | | | |
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| | | | | | City | | | | Fi | Zip Cod | Đ |
| | | | for the purpose of changing its | | | | | th, in the State of Flo | orida. Lam | familiar with, | and accept |
| the obligations of registered agent. A registered agent is | | | | | | | | | | | |
| SIGNATURE CORRECT. It is not being 101107 | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and pide if applicable. (NOTE: Registered Agent signature required when reinstating) Changed, DATE | | | | | | | | | | | |
| 9. Election Campaign Financing \$5.00 May Be | | | | | | | | | | | |
| Amended AR is \$61.25 Trust Fund Contribution. Added to Fees | | | | | | | | | | | |
| | | OFFICERS AND | DIRECTORS | 14 | | | ADDITIONS | CHANGES TO OFF | IOEDO AN | O DISCOTOR | C 161 1 1 |
| TITLE | DPST | OFFICERS AIN | Delete Delete | 11. | _ _ | 6.00 | rtary | CHANGES TO OFF | ICENS AN | ☐ Change | Addition |
| NAME | | ON, DEREK M | Li Delete | NAME | | Mil | lkinson. | Daniel Jr | | ☐ Crange | Adollon |
| STREET ADDRESS | | | | | ET ADDRESS | i io C | edar L | ine | | | |
| CITY-ST-ZIP | BOSTWICK, FL 32007 | | | CITY | Y-ST-ZIP Palatka 31 321 | | | | | | |
| TITLE | | · | ☐ Delete | TITLE | | Pres | ident | | | Change | Addition |
| NAME | | | | NAM | | Will | kinson, D | erek | | <i>/</i> · | |
| STREET ADDRESS (| | | | | ET ADDRESS -ST-ZIP | 144 | pine con | e trati | - | | |
| | | | | | | LDCS1 | MICK, | FL 3200 | ' | | T Addition |
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| indicated | on this repo | ort or supplemental report | ith this filing does not qualify fit is true and accurate and that | mv signai | ture shall h | lave the | same legal effe | ct as if made under | oath; that I | l am an officei | or director |
| 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. | | | | | | | | | | | |
| -/ | | 1 | 10 | | | | | . / / - | | | 0.00 |
| SIGNATURE: 10/1/07 386:320-90 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayting Proces | | | | | | | | | | | 038 |
| SIGNAI | UKE: . | e-cc- | | | | | | | | | |