2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 131697

FILED May 01, 2008 Secretary of State

Entity Name: DAFFIN MERCANTILE COMPANY, INCORPORATED

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2867 ESTE 2867 ESTE MARIANN.		US			
Current M	lailing Address	5:	New Mailing Addre	ess:	
P. O. BOX MARIANN.	.779 A, FL 32447	US			
El Number:	: 59-0212490	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2867 ESTE	MILTON, PRES ES ST. A, FL 32448	US			
	named entity s e of Florida.	ubmits this statement for the pur	rpose of changing its register	red office or registered agent, or both,	
SIGNATUF					
	Electroni	c Signature of Registered Agent	t	Date	
lection Car		(2)(b), F.S., the corporation did not r Trust Fund Contribution ().	•	GES TO OFFICERS AND DIRECTORS	
ītle: lame:	D () MILTON, JOHN \	Delete / _.	Title: Name:	() Change () Addition	
Address: City-St-Zip:	2764 INDIAN SP MARIANNA, FL		Address: City-St-Zip:		
City-St-Zip: Fitle: Name: Address:	2764 INDIAN SP MARIANNA, FL	RINGS RD Delete 5., CR	Address:	()Change ()Addition	
City-St-Zip: Citle: Idame: Iddress: City-St-Zip: Citle: Idame: Iddress:	2764 INDIAN SP MARIANNA, FL VSD () LEE, ROBERT G 3313 HARBOUR PANAMA CITY, F	RINGS RD Delete CR L Delete R R JR,	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Title: Jame: Jame:	2764 INDIAN SP MARIANNA, FL VSD () LEE, ROBERT G 3313 HARBOUR PANAMA CITY, F CD () DAFFIN, HUNTE 2766 INDIAN SP MARIANNA, FL	RINGS RD Delete ., CR -L Delete R R JR, RINGS RD Delete Delete	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
	2764 INDIAN SP MARIANNA, FL VSD () LEE, ROBERT G 3313 HARBOUR PANAMA CITY, F CD () DAFFIN, HUNTE 2766 INDIAN SP MARIANNA, FL PD () MILTON, JOHN V 2760 INDIAN SP MARIANNA, FL	RINGS RD Delete C, CR EL Delete R R JR, RINGS RD Delete V, RINGS RD Delete / A III AVE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address: Address:	()Change()Addition	

Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. MILTON PRES 05/01/2008