## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 17, 2008 08:00 A Secretary of State **DOCUMENT # 239081** 1. Entity Name PROCTOR -RALPH E- COMPANY Principal Place of Business Mailing Address P.O. BOX 13449 P.O. BOX 13449 TALLAHASSEE FL 32317 TALLAHASSEE FL 32317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 59-0917441 Not Applicable Ζιp Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PROCTOR, REBECCA B Street Address (P.O. Box Number is Not Acceptable) 1564 SPRUCE AVE TALLAHASSEE FL 32303 City 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 Synature Types or crimed hand of registrop operations to 1 applicable. DATE (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete NAME PROCTOR, RALPH E. JR. 1039 BAUM ROAD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST ZIP CITY ST-ZIP TITLE ☐ Darete Change Addition NAME PROCTOR, REBECCA 1564 SPRUCE AVE STREET ADDRESS STREET ADDRESS CITY-SI-7P TALLAHASSEE FL 32303 CHY-SI-ZIP HITLE Delete TITLE ☐ Change ☐ Addition NUMBER STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change Addition HILL Delete TITLE NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 efficer 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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850-222-78/9