

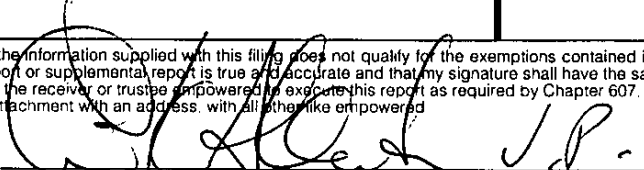


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 263841		
1. Entity Name GUIGNON & GREEN COMPANY		
Principal Place of Business C/O W ROBINSON FRAZIER 1515 RIVERSIDE AVE STE A JACKSONVILLE, FL 32204 US		Mailing Address C/O W ROBINSON FRAZIER 1515 RIVERSIDE AVE STE A JACKSONVILLE, FL 32204 US
DO NOT WRITE IN THIS SPACE		
		 01112007 No Chg-P CR2E034 (11/05)
		4. FEI Number 13-1972587
		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 FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE., STE. A JACKSONVILLE, FL 32204		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000629097 02/16/07-80043-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE	VPD	
NAME	ALLERTON, LISA K.	
STREET ADDRESS	76 BEACHWAY DR.	
CITY-ST-ZIP	OCEAN RIDGE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Lisa K. Allerton, Vice President 2/8/07		