## 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 19, 2007 08:00 Al **DOCUMENT # 305924 Secretary of State** 1. Entity Name R.D. CECIL AND COMPANY Principal Place of Business Mailing Address 1151 MIDDLE ROAD 1151 MIDDLE ROAD DIXON, IL 61021-3904 US DIXON, IL 61021-3904 US 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-2710474 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCMEEKIN, RICHARD L DO NOT WRITE 34 QUAIL LANE JACKSONVILLE BEACH, FL 32250 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 Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. **ÖFFICERS AND DIRECTORS** TITLE CECIL, ROBERT D NAME STREET ADDRESS 1151 MIDDLE ROAD, #B **DIXON, IL 61021** CITY-ST-ZIP TITLE CECIL, CHARLES H NAME P.O. BOX 766 (23 SPRING STREET) STREET ADDRESS U00000669753 CITY-ST-21P WILLIAMS BAY, WI 53191 03/27/0**7-**80084-014 150.00 TITLE BURTON, DONALD B 1202 TIMBERLANE DRIVE STREET ACCRESS DO NOT WRITE CITY-ST-ZIP STERLING, IL 61081 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver of 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:

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR