2007 FOR PROFIT CORPORATION

FILED Mar 19, 2007 8:00 am Secretary of State

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	ANNUAL REPORT	
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NAME SIREE ADDRESS STATE ADDRESS CITY-ST-ZIP CANTONMENT, FL 32533 CITY-ST-ZIP NAME BONIFAY, JANDY G SIREE ADDRESS CITY-ST-ZIP NAME BONIFAY, JANDY G SIREE ADDRESS CITY-ST-ZIP TITLE MORRIS, SUSAN JILL ST MORRIS, SUSAN JILL ST MORRIS, SUSAN JILL ST CANTONMENT, FL 32533 CITY-ST-ZIP TITLE MAME SIREE ADDRESS CITY-ST-ZIP TITLE M	1. Entity Nam	MENT # 326093 INCOLN-MERCURY INC					03-19-200	7 90072	006 ***1	50.00
Suite. Apt. II, etc. Suite. Apt. II, etc. Suite. Apt. II, etc. Suite. Apt. II, etc. Suite. Apt. II, etc. Suite. Suit	6350 PENSA P.O. BOX 12	COLA BLVD. 348	6350 PENSACOLA BLVD. P.O. BOX 12348 delefe							
CILY & States City &	2. Principal P	tace of Business - No P.O. Box #		••						
Sp. 120/2806 Not Applicable Sp. 120/2806 Not Applicable Sp. 120/2806	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03092007	Chg-P	CR2E03	34 (12/06)	
279 Country Sp. Certificate of Status Desired Sp. Sp. 53.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of	City & Stat	9	City & State							
CULBERTSON, R W Streak Address of Current Registered Agent Name Na	Zip	Country	Zip Co		try				8.75 Add	itional
Street Address (P.O. Box Number is Not Acceptable)	CULBERT	•	Registered Agent		Name	7. Name and	Address of New R			
3. The above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Compared Agent Specials Design					Street Address (P.O. Box Numb	er is Not Acceptable	e) 		
the obligations of registered agent. SIGNATURE Signature, byed or protect name of ingrithed agent and late if applicable. PILLE NOW!!! FEE IS \$150.00. After May 1, 2007 Fee will be \$550.00 P. Election Campaign Financing S.5.00 May Be Added to Fees A					City		······································	FL	Zip Code)
FILE NOW!! FEE IS \$150.00. After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing	the obligat		or the purpose of changing i	its registere	ed office or register	red agent, or bo	th, in the State of Flo	orida. † am fa	amiliar with,	and accept
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Added to Fees	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	DTE: Registered	d Agent signature required	d when reinstating)		DATE		
ITILE P CULBERTSON, R W, MRS	FIL After M	E NOW!!! FEE IS <u>\$150.00</u> . ay 1, 2007 Fee will be \$550.								į
CULBERTSON, R W, MRS SIRETADORESS SIRETADORE						ADDITIONS	CHANGES TO OFF	ICERS AND		
NAME SIRRET ADDRESS CITY-S1-ZIP CANTONMENT, FL 32533 CITY-S1-ZIP BONIFAY, JANDY G T13 LADNER DRIVE BONIFAY, JANDY G T14 LADNER DRIVE BONIFAY, JANDY G T15 LADNER DRIVE BONIFAY, JANDY G T18 LADNER BONIFAY BONIFAT BONIFAY BONIFAT BO	NAME STREET ADDRESS	CULBERTSON, R W, MRS 3565 PINE FOREST	∟ Delete	nam! Stre	E ET ADDRESS				Change	☐ Addition
BONIFAY, JANDY G TAI ADNER DRIVE BONIFAY, JANDY G TAI ADNER DRIVE PENSACOLA, FL 32505 THE ST MORRIS, SUSAN JILL STREET ADDRESS CITY-ST-ZIP MORRIS, SUSAN JILL STREET ADDRESS CITY-ST-ZIP THILE MORRIS, SUSAN JILL STREET ADDRESS CITY-ST-ZIP THILE MORRIS, SUSAN JILL STREET ADDRESS CITY-ST-ZIP THILE MAME STREET ADDRESS CITY-ST-ZIP THILE MAME STREET ADDRESS CITY-ST-ZIP THILE MAME STREET ADDRESS CITY-ST-ZIP THE MAME STREET ADDRES	name Street address	CULBERTSON, M WARREN 3533 PINEFOREST	☐ Delete	nami Stre	E ET ADORESS				☐ Change	Addition
MORRIS, SUSAN JILL STREET ADDRESS CITY-ST-ZIP CITIE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TO DELETE	HAME STREET ADDRESS	V BONIFAY, JANDY G 713 LADNER DRIVE	☐ Delete	NAMI STRE	E ET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP ITTLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an actures, with all other like empowered.	NAME STREET ADDRESS	MORRIS, SUSAN JILL 3533 PINEFOREST	☐ Defete	NAMI STRE	E ET ADDRESS		Alle Malain Annes (Annes Annes A		Change	☐ Addition
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