

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended
FILED

07 OCT -5 PM 4: 17

CLERK OF STATE
TALLAHASSEE, FLORIDA



04092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1388511

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALLAWAY, HOLLEY M.
1532 JUNE AVENUE
LOT 10A
PANAMA CITY, FL 32405

7. Name and Address of New Registered Agent

Name **LARRY M. CALLAWAY**
Street Address (P.O. Box Number is Not Acceptable)
1532 JUNE AVE
LOT 10 A
City **PANAMA CITY** FL Zip Code **32405**

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 *Larry M. Callaway*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALLAWAY, HOLLEY M. 1532 JUNE AVE LOT 10-A PANAMA CITY, FL <i>Deceased</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAWAY, HOLLEY M. 1532 JUNE AVE LOT 10-A PANAMA CITY, FL <i>Deceased</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAWAY, LARRY M 7813 N LAGOON DRIVE UNIT 5E PANAMA CITY, FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LARRY M. CALLAWAY 1532 JUNE AVE LOT 10A PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DEBBIE COLE 1532 JUNE AVE LOT 10A PANAMA CITY FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERTA ROSSER 207 MAINE AVE PANAMA CITY FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500110941385 10/18/07--01015--014 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **LARRY M. CALLAWAY** *Larry M. Callaway* 4/9/07 850-381-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AMENDED