2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2006 8:00 am Secretary of State **DOCUMENT #460756** 02-27-2006 90046 047 ***150.00 RENFROE PECAN CO Principal Place of Business Mailing Address 2400 W. FAIRFIELD DR. 2400 W. FAIRFIELD DR. 40018178 P.O. BOX 17977 (32522) PENSACOLA, FL 32505 P.O. BOX 17977 (32522) PENSACOLA, FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 59-1553873 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RENFROE JR, JOHN W Street Address (P.O. Box Number is Not Acceptable) 695 TENNYSON PL PENSACOLA, FL 32503 City Zip Code nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity the obligations of regis SIGNATURE. (NCTE: Registered Agent signature required when reinstating) ed agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD ☐ Change ■ Addition ☐ Delete TITLE TITLE RENFROE JR, JOHN W NASAE NAME STREET ADDRESS 695 TENNYSON PL CIRRET ADDRESS CITY-SI-ZIP CITY-ST-ZIP PENSACOLA, FL 32503 TVD ☐ Delete TITLE ☐ Change ■ Addition TILE RENFROE, LILLIAN NAME NAME STREET ADORESS 695 TENNYSON PL STREET ADDRESS CRY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP VPSD TITLE L Change ☐ Addition TIDE ☐ Delete RENFROE, MARY D NAME NAME 4200 Karmich Pl Pensacola, FL 32503 STREET ADDRESS STREET ADORESS **6341 SUMMERLAKE LN** CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP mn e ☐ Delete TITI F ☐ Change ☐ Addition RENFROE, JOHN W III NAME NAME 4185 BAISDEN RD STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32503 CITY-ST-7P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ____ TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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 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 exemption of the corporation of the receiver or trustee empowered.

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SIGNATURE:

FILED