2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 04, 2008 08:00 AN **DOCUMENT # 510091** 1. Entity Name **Secretary of State** PLEDGER AND COMPANY, INC. Principal Place of Business Mailing Address 16561 JUPITER FARMS RD. 16561 JUPITER FARMS RD. JUPITER FL 33478-4854 JUPITER FL 33478-4854 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number City & State City & State Applied For 59-1972632 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PLEDGER, THOMAS R. Street Address (P.O. Box Number is Not Acceptable) 16561 JUPITER FARMS RD. JUPITER FL 33478-1854 City Zip Code 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 primed name of regist rod agent and title it amplicable. (NOTE: Registered Agent a gratum required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution | | | Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Derete TITLE Change Addition U00000814080 PLEDGER, THOMAS R NAME NAME STREET ADDRESS 02/13/08-80030-004 150.00 STREET ADDRESS 16561 JUPITER FARMS RD. CITY-ST-ZIP CITY - ST- ZIP JUPITER FL TITLE **VDS** ☐ Delete TITLE Change Addition NAME PLEDGER, PHYLLIS R. NAME STREET ADDRESS 16561 JUPITER FARMS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL TILLE Change Addition TITLE ☐ Delete HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7IP ☐ Deiete TITLE Change ☐ Addition THE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - 2IP CITY-SI-ZIP ☐ Addition TITLE Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

Thomas R. PLedger 02/01/08 56+7/9-7325
Days TO PRINTED TO Days TO PROJECT BOOK TO PROJECT BOOK