

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 520794

Entity Name: 107 GROUP, INC.

FILED  
Apr 13, 2006  
Secretary of State

## Current Principal Place of Business:

2429 PINE FOREST RD  
CANTONMENT, FL 32533

## New Principal Place of Business:

## Current Mailing Address:

2429 PINE FOREST RD  
CANTONMENT, FL 32533

## New Mailing Address:

FEI Number: 59-1712948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLLOWAY, DEANE R  
9075 COVE AVENUE  
PENSACOLA, FL 32534 US

## Name and Address of New Registered Agent:

HOLLOWAY, DEANE R  
2429 PINE FOREST RD  
CANTONMENT, FL 32533 US

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.

SIGNATURE: DEANE R HOLLOWAY

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HUGHES, HENRY L  
Address: 2449 PINTO CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

Title: S ( ) Delete  
Name: HOLLOWAY, DEANE R  
Address: 2429 PINE FOREST RD  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: SCHANG, PATRICIA  
Address: 5051 GRANDE DRIVE  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete  
Name: HOLLOWAY, JOHN W  
Address: 108 BARATARA  
City-St-Zip: CHICKASAW, AL 36611

Title: D ( ) Delete  
Name: KAISER, ROSE M  
Address: 5401 GRAND LAGOON BLVD  
City-St-Zip: PENSACOLA, FL 32507

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY HUGHES

P

04/13/2006

Electronic Signature of Signing Officer or Director

Date