2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 12, 2007 08:00 AM Secretary of State **DOCUMENT #550256** DOUDNA'S SEMINOLE MOWER, INC. Principal Place of Business Mailing Address 8700 SEMINOLE BOULEVARD 8700 SEMINOLE BOULEVARD SEMINOLE, FL 34642 SEMINOLE, FL 34642 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 CR2E034 (12/06) Cha-P City & State 4. FEI Number City & State Applied For 59-1814021 Not Applicable Zip 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 JANET A. DOUDNA Street Address (P.O. Box Number is Not Acceptable) 4511 HURON RD. NORTH ST. PETERSBURG, FL 33708 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00, May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F TITLE ☐ Change ☐ Addition Delete NAME JANET A. DOUDNA NAME U00000633693 STREET ADDRESS 4511 HURON RD NORTH STREET ADDRESS 02/21/07-80073-006 150.00 ST. PETERSBURG, FL 33708 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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. A. Doudna SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR