## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 07, 2007 8:00 am Secretary of State 05-07-2007 90075 011 \*\*\*150.00

DOCUMENT # 551856  1. Entity Name J.B. DANFORD, INC.			·			• •	05-07-2007 9	90075 01	.1 ***150	).00	
Principal Place of Business 5800 OVERSEAS HWY SUITE 8 MARATHON, FL 33050		Mailing Address 5800 OVERSEAS HWY SUITE 8 MARATHON, FL 33050 US				7010489				1 <b>11</b> 1    1 <b>11</b> 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04052007	Chg-P	CR2E0	34 (12/06)			
City & State		City & State			4. FEI Number 59-1794196					plied For t Applicable	
Zìp	Country	Zip	Country			5. Certificate	of Status Desired		<b>\$8.75</b> Add ee Required		
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	egistered A	gent		
DANIELS, JANE 107 JAMACIA STREET DUCK KEY, FL 33050				Name Street Address (P.O. Box Number is Not Acceptable)							
				City				FL	Zip Code	e	
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 of adhed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees								10 17 NO 18 NO			
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE	STD	☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS	·		NAM	E Et addréss	242 LAUREL RIDGE DR						
CITY-ST-ZIP			1	-ST-ZIP	WAYNESVILLE NC 28786  ZYZ LAUNEL RIDGE DR.  WAYNESVILLE, NC 28786						
TITLE	PD	☐ Delete	TITLE			· · · · ·	1200, 120		Change	Addition	
NAME	DANIELS, JANE		NAM	E	2100 LAUREL REDGE						
STREET ADDRESS			1	T ADDRESS 242				2102	66		
CITY-ST-ZIP	DUCK KEY, FL 33050 VPD		+-	-ST-ZIP	WA.	40621	LLE, NC	9-20 1	<u> </u>		
TITLE NAME	HOLBERT, PAM	☐ Delete	TITLE NAM						☐ Change	Addition	
STREET ADDRESS	1152 76 STREET			ET ADDRESS							
CITY-ST-ZIP	MARATHON, FL 33050		CITY	-ST-ZIP							
TITLE	VPD	☐ Delete	TITLE						Change	☐ Addition	
NAME STREET ADDRESS	DANIELS, DEBBIE 399 - 50TH STREET		NAM	E Et address							
CITY-ST-ZIP	MARATHON, FL 33050			-ST-ZiP							
TITLE		☐ Delete	TITLE					•	☐ Change	Addition	
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME		- Doigle	NAM								
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	portify that the information assembled 199	this filing dans not sweller.		-ST-ZIP	l	lio Chambar 441	Closida Ctatuta :	further	ih. +h=+ ++= *	ntnem nti	
ie. Indiana	certify that the information supplied with	rans many does not quality for	me exe	ampuons C	viitaine0	an Chapter 119	,, ionua statutes. I	runner cert	ny uran me li	HORRIAGON	

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 englowered.

GNATURE:

Basinature And typed or printed Ame of skirking officer or director

Date

Daytime Proce #

SIGNATURE: