FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE: __

Apr 18, 2005 8:00 am Secretary of State DOCUMENT# 644293 03-21-2005 90088 050 ***150.00 1. Entity Name GARNER CAMPIENC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 66010472 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent -DO-NOT-WRITE Sireet Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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 printed name of regist January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TITLE FREDDIE G. GARNER NAME NAME 14844 Lee RL GROVELAND, F/A. 34736 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F TITLE NAME Minael GARNER 16948 Tuscanooga R GROVELAND, FIA. 3473 6 NAME 40 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE DANNY GARNER. 149481 Lee Rd GROVEINND, FIA. TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TIME IN THIS SPACE THENTON, FIA. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE DMARGARET HOOTEN 18 8X 58 3, 1105 56,2 Stienhatche, Fla. 333 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DRICKY GARNER 1205 PENN St. Leesburg F/A. 34748 TITLE MLE NAME MASS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an

PAR ON DIRECTOR

March 16 -05

FILED