2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

NAME STREET ADDRESS 310 DEBRA ST INGLIS, FL 34449 TITLE FSBM NAME HARTLEY, JACQUELINE STREET ADDRESS CITY-ST-ZIP INGLIS, FL 34449 TITLE TD NAME JACOBS, ROBERT STREET ADDRESS CITY-ST-ZIP INGLIS, FL 34449 TITLE TO NAME JACOBS, ROBERT STREET ADDRESS CITY-ST-ZIP INGLIS, FL 34449 TITLE TO NAME STREET ADDRESS CITY-ST-ZIP INGLIS, FL 34449 TITLE CD NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INGLIS, FL 34449 TITLE CD NAME STREET ADDRESS	1. Entity Nam	MENT #748647	s. l	4-23-2007 90091	016 ****7	0.00			
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City & State Country Special	Principal Place of Business - No P.O. Box # 3. Mailing Address								
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BRAY, HERB 11271 197TH ST INGLIS, FL 34449 4. 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. Lam femiliar with, and accept the obligations of Augustered agent, or both, in the State of Florida. Lam femiliar with, and accept the obligations of Augustered agent, or both, in the State of Florida. Lam femiliar with, and accept the obligations of Augustered agent, or both, in the State of Florida. Lam femiliar with, and accept the obligations of Augustered agent, or both, in the State of Florida. Lam femiliar with, and accept the obligations of Augustered agent, or both, in the State of Florida. Lam femiliar with, and accept the obligations of Augustered agent, or both, in the State of Florida. Lam femiliar with, and accept the obligations of Augustered agent, or both, in the State of Florida. Lam femiliar with, and accept the obligations of Augustered agent, or both, in the State of Florida. Lam femiliar with, and accept the obligations of Augustered agent, or both, in the State of Florida. Lam femiliar with, and accept the obligations of Augustered agent, or both, in the State of Florida. Lam femiliar with, and accept the obligations of Augustered agent, or both, in the State of Florida. Lam femiliar with, and accept the obligations of Augustered agent, or both in the State of Florida Department of State Plants (Constitution). Filling Feo is \$64.25 Due by Mey 1, 2007 10.	City & State		City & State					 	
BRAY, HERB 11271 197TH ST INGLIS, FL 34449 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 Fhorida, I am femilian with, and accept the delignations of segistered eight. SIGNATURE SIGNATU	Zip	Country	Zip	Country	5. Certificate of Sta	itus Desired	\$8.75 Add	titional	
SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and limit is princates. INCTE-flequational dignet specified agent	BRAY, HERB 11271 197TH ST INGLIS, FL 34449 Name DANIEL NA E DEL Street Address (P.O. Box Number is Not Acceptable) 294 S. Inglis Aue City Inglis FL 256449								
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE SBM CRAME, MARY Delete ITILE STREET ADDRESS STREET STREET ADDRESS ST	signature Can Machine DANIEL NAEDEC 4/22/07								
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