2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # 841215** PADGETT MANUFACTURING, INC. Principal Place of Business Mailing Address 2915 62ND AVE E. BRADENTON FL 34203 2915 62ND AVE E. BRADENTON FL 34203 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 55-0577471 Not Applicable Zıp Country 7in 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 FOWLER, GEORGE Street Address (P.O. Box Number is Not Acceptable) 15874 HÁNCOCK RD SARASOTA FL 34240 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THIE □ Delete DILE Change Addition FOWLER, GEORGE NAMI NAME 15874 HANCOCK RD STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-71P CITY-S1-ZIP U00000686919 Change DAG 04/10/07-80020-009 150.00 Addition TITLE ☐ Delete FOWLER, SHIRLEY 15874 HANCOCK RD STRUCT ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-7/2 C!TY - ST- 71P Defete ☐ Addition TOP UHE Change FOWLER, SHIRLEY NAME STREET ADDRESS 15874 HANCOCK ROAD STREET ADDRESS SARASOTA FL 34240 CITY-ST-7/P C11Y-S1-7IP TITLE. ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CDY-SI-ZIP HHE Delete ☐ Change Addition DILL NAMI. NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP IIItE. ☐ Delete IME Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-78P CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

FILED

SIGNATURE: Shirley Foul SHIRLEY FOWLER 03-28,2007 941-756-8