

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90020 039 \*\*\*\*61.25

|   |         |   |  |   |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
|---|---------|---|--|---|----------|----------------|---------------------------|-------------|----------------------------|-----------------|--------|----------------|----------------------|-------------|----------------------------|-------|---|--------|------|-----------------------|--------|----------------|-------------------------|-------------|----------------------|-------|---|--------|------|--------------------|--------|----------------|--------------|-------------|----------------------|-------|---|--------|------|--------------------|--------|----------------|---------------------------|-------------|--------------------|-------|---|--------|------|------------------|--------|----------------|--------------------|-------------|--------------------|-------|--|--------|------|--|--------|----------------|--|-------------|--|-------|---|--------|------|--------------------|----------|----------------|-------------|-------------|---------------------|-------|---|--------|------|------------------|----------|----------------|-------------------|-------------|------------------------|-------|--|--------|------|--|----------|----------------|--|-------------|--|-------|--|--------|------|--|----------|----------------|--|-------------|--|-------|--|--------|------|--|----------|----------------|--|-------------|--|
| <b>DOCUMENT # C10387</b><br>1. Entity Name<br><b>ST. PETERSBURG COUNCIL NO. 14, ROYAL AND SELECT MASTERS</b>  |         |   |  |   |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| Principal Place of Business<br><b>114-4TH ST. S.<br/>ST PETERSBURG, FL 33731</b>  |         |   | Mailing Address<br><b>7606 RIDGE RD<br/>APT. 102 F<br/>SEMINOLE, FL 33772 US</b> |   |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| 2. Principal Place of Business - No P.O. Box #  |         | 3. Mailing Address  |  |   |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |  |   |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| City & State  |         | City & State  |  |   |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| Zip   | Country | Zip   | Country  | 4. FEI Number<br><b>23-7045484</b>  |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |         |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HARRIOTT, DONALD T<br/>7606 RIDGE RD<br/>APT. 102 F<br/>SEMINOLE, FL 33772</b>  |         |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| 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.<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <u><i>Donald T. Harriott</i></u><br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <u><i>Feb 12 2007</i></u><br/> <small>DATE</small> </div> </div>   |         |   |  |   |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>   |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |         |   |  |   |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| <div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 5%;">Delete</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">CLINTON, GEORGE</td> <td style="width: 10%;">Delete</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">6000 2ND AVE. E. #16</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">SAINT PETERSBURG, FL 33706</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete</td> <td>NAME</td> <td>KIRKPATRICK, ROBERT G</td> <td>Delete</td> <td>STREET ADDRESS</td> <td>1846 PENNWOOD CIRCLE. W</td> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33759</td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>Delete</td> <td>NAME</td> <td>MCMILLAN, RONALD L</td> <td>Delete</td> <td>STREET ADDRESS</td> <td>PO BOX 17267</td> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33762</td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>Delete</td> <td>NAME</td> <td>HARRIOTT, DONALD T</td> <td>Delete</td> <td>STREET ADDRESS</td> <td>7606 RIDGE RD. APT. 102 F</td> <td>CITY-ST-ZIP</td> <td>SEMINOLE, FL 33772</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete</td> <td>NAME</td> <td>NEWTON, RONALD C</td> <td>Delete</td> <td>STREET ADDRESS</td> <td>6476 EVERGREEN AVE</td> <td>CITY-ST-ZIP</td> <td>SEMINOLE, FL 33772</td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete</td> <td>NAME</td> <td></td> <td>Delete</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 5%;">Change</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">Crowder, Jimmie B.</td> <td style="width: 10%;">Addition</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">1085 Leo St</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Tampa Fl 33612-6050</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Change</td> <td>NAME</td> <td>West, William R.</td> <td>Addition</td> <td>STREET ADDRESS</td> <td>812 Atwood Ave N.</td> <td>CITY-ST-ZIP</td> <td>St Petersburg Fl 33702</td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change</td> <td>NAME</td> <td></td> <td>Addition</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change</td> <td>NAME</td> <td></td> <td>Addition</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change</td> <td>NAME</td> <td></td> <td>Addition</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div> |         |   |  |   |          | TITLE          | D                         | Delete      | NAME                       | CLINTON, GEORGE | Delete | STREET ADDRESS | 6000 2ND AVE. E. #16 | CITY-ST-ZIP | SAINT PETERSBURG, FL 33706 | TITLE | D | Delete | NAME | KIRKPATRICK, ROBERT G | Delete | STREET ADDRESS | 1846 PENNWOOD CIRCLE. W | CITY-ST-ZIP | CLEARWATER, FL 33759 | TITLE | T | Delete | NAME | MCMILLAN, RONALD L | Delete | STREET ADDRESS | PO BOX 17267 | CITY-ST-ZIP | CLEARWATER, FL 33762 | TITLE | S | Delete | NAME | HARRIOTT, DONALD T | Delete | STREET ADDRESS | 7606 RIDGE RD. APT. 102 F | CITY-ST-ZIP | SEMINOLE, FL 33772 | TITLE | D | Delete | NAME | NEWTON, RONALD C | Delete | STREET ADDRESS | 6476 EVERGREEN AVE | CITY-ST-ZIP | SEMINOLE, FL 33772 | TITLE |  | Delete | NAME |  | Delete | STREET ADDRESS |  | CITY-ST-ZIP |  | TITLE | D | Change | NAME | Crowder, Jimmie B. | Addition | STREET ADDRESS | 1085 Leo St | CITY-ST-ZIP | Tampa Fl 33612-6050 | TITLE | D | Change | NAME | West, William R. | Addition | STREET ADDRESS | 812 Atwood Ave N. | CITY-ST-ZIP | St Petersburg Fl 33702 | TITLE |  | Change | NAME |  | Addition | STREET ADDRESS |  | CITY-ST-ZIP |  | TITLE |  | Change | NAME |  | Addition | STREET ADDRESS |  | CITY-ST-ZIP |  | TITLE |  | Change | NAME |  | Addition | STREET ADDRESS |  | CITY-ST-ZIP |  |
| TITLE   | D       | Delete  | NAME   | CLINTON, GEORGE   | Delete   | STREET ADDRESS | 6000 2ND AVE. E. #16      | CITY-ST-ZIP | SAINT PETERSBURG, FL 33706 |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| TITLE   | D       | Delete  | NAME   | KIRKPATRICK, ROBERT G   | Delete   | STREET ADDRESS | 1846 PENNWOOD CIRCLE. W   | CITY-ST-ZIP | CLEARWATER, FL 33759       |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| TITLE   | T       | Delete  | NAME   | MCMILLAN, RONALD L  | Delete   | STREET ADDRESS | PO BOX 17267              | CITY-ST-ZIP | CLEARWATER, FL 33762       |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| TITLE   | S       | Delete  | NAME   | HARRIOTT, DONALD T  | Delete   | STREET ADDRESS | 7606 RIDGE RD. APT. 102 F | CITY-ST-ZIP | SEMINOLE, FL 33772         |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| TITLE   | D       | Delete  | NAME   | NEWTON, RONALD C  | Delete   | STREET ADDRESS | 6476 EVERGREEN AVE        | CITY-ST-ZIP | SEMINOLE, FL 33772         |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| TITLE   |         | Delete  | NAME   |   | Delete   | STREET ADDRESS |                           | CITY-ST-ZIP |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| TITLE   | D       | Change  | NAME   | Crowder, Jimmie B.  | Addition | STREET ADDRESS | 1085 Leo St               | CITY-ST-ZIP | Tampa Fl 33612-6050        |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| TITLE   | D       | Change  | NAME   | West, William R.  | Addition | STREET ADDRESS | 812 Atwood Ave N.         | CITY-ST-ZIP | St Petersburg Fl 33702     |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| TITLE   |         | Change  | NAME   |   | Addition | STREET ADDRESS |                           | CITY-ST-ZIP |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| TITLE   |         | Change  | NAME   |   | Addition | STREET ADDRESS |                           | CITY-ST-ZIP |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| TITLE   |         | Change  | NAME   |   | Addition | STREET ADDRESS |                           | CITY-ST-ZIP |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| 12. I hereby certify that the information supplied with this filing 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 617, 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.  |         |   |  |   |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <u><i>Donald T. Harriott</i></u><br/> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small><br/> <b>DONALD T. HARRIOTT</b> </div> <div style="width: 40%; text-align: right;"> <u><i>Feb 12 2007</i></u><br/> <small>Date</small> </div> <div style="width: 15%; text-align: right;"> <u><i>127393 7963</i></u><br/> <small>Daytime Phone #</small> </div> </div>  |         |   |  |   |          |                |                           |             |                            |                 |        |                |                      |             |                            |       |   |        |      |                       |        |                |                         |             |                      |       |   |        |      |                    |        |                |              |             |                      |       |   |        |      |                    |        |                |                           |             |                    |       |   |        |      |                  |        |                |                    |             |                    |       |  |        |      |  |        |                |  |             |  |       |   |        |      |                    |          |                |             |             |                     |       |   |        |      |                  |          |                |                   |             |                        |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |       |  |        |      |  |          |                |  |             |  |