2007 FOR PROFIT_CORPORATION

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FILED Feb 16, 2007 8:00 am ANNUAL REPORT (AR) DOCUMENT # F00000000611 **Secretary of State** 1. Entity Name 02-16-2007 90043 015 ***150.00 STRUBLE & COTNEY INVESTMENTS, INC. Principal Place of Business Mailing Address 356 CROMWELL CT 356 CROMWELL CT NAPLES FL 34108 NAPLES FL 34108 3. Mailing Address 663 HICKORY RD 2. Principal Place of Business - No P.O. Box # 1st MOORE CR2E034 (10/06) 4. FEI Number | Applied For 62-1806201 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLESTRUBLE, WARD S 356 CROMWELL CT Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34108 663 HICKORY RD 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. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition STRUBLE, WARD S NAME NAME 356 CROMWELL COURT STREET ADDRESS STREET ADDRESS NAPLES FL 34108 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete HILE Change ☐ Addition STRUBLE, CATHERINE NAME NAME 356 CROMWELL CT STREET ADDRESS STREET ADDRESS NAPLES FL 34108 CITY - ST - ZIP CITY - ST - ZIP D ☐ Delete Change Addition TITLE HILE LOWDER, ROBERT NAME 2080 BELL RD STREET ADDRESS STREET ADDRESS MONTGOMERY AL 36117 CITY-ST-ZIP CITY-S1-7IP Delete ☐ Change ☐ Addition THE LOWDER, CHARLOTTE 2080 BELL RD STREET ADDRESS STREET ADDRESS MONTGOMERY AL 36117 CITY-ST-ZIP CITY - ST - ZIP □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME 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 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 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 attackment with an address, with all other like empowered.