2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State
03-19-2007 90076 010 ***150.00

DOCUMENT # F03000003571

1. Entity Name
MOBILE ATTIC, INC.

Principal Place of Business	Mailing Address
246 LARKIN ROAD ELBA, AL 36323	PO BOX 462 ELBA, AL 36323

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02222007 No Chg-P CR2E034 (11/05)

4. FEI Number
63-1282579
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLTORACK, RONALD D ESQ
200 WEST PALMETTO PARK RD, SUITE 301
BOCA RATON, FL 33316

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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 _____ DATE
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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BRUNSON, W.L. JR
STREET ADDRESS	PO BOX 703
CITY-ST-ZIP	ELBA, AL 36323
TITLE	P
NAME	CASH, PETER L
STREET ADDRESS	PO BOX 462
CITY-ST-ZIP	ELBA, AL 36323
TITLE	VP
NAME	CASH, RUSSELL L
STREET ADDRESS	PO BOX 462
CITY-ST-ZIP	ELBA, AL 36323
TITLE	S
NAME	CASH, MARY B
STREET ADDRESS	PO BOX 462
CITY-ST-ZIP	ELBA, AL 36323
TITLE	T
NAME	MCLEOD, BRIAN R
STREET ADDRESS	PO BOX 703
CITY-ST-ZIP	ELBA, AL 36323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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.

SIGNATURE: ✓ Mary B. Cash Mary B. Cash 3/8/07 334-897-6682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #