

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90187 050 ***150.00

40085475



04102007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3987908
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent -

~~SUGGS, EUGENE R.~~
~~1726 KINGSLEY AVE., STE. 17~~
~~ORANGE PARK, FL 32073~~

7. Name and Address of New Registered Agent

Name
Jonathan Whaley
Street Address (P.O. Box Number is Not Acceptable)
9951 Atlantic Blvd. #309
City
Jacksonville FL Zip Code
32225

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]* Pres. 4-24-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CP	WHALEY, JONATHAN	1726 KINGSLEY AVE., STE. 17	ORANGE PARK, FL 32073	<input type="checkbox"/>
DV	SUGGS, EUGENE R.	1726 KINGSLEY AVE., STE. 17	ORANGE PARK, FL 32073	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Whaley, Jonathan	9951 Atlantic Blvd. #309	Jacksonville, FL 32225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	Ralph M. Scott	520 W. Grove Ave.	Orange, Ca. 92865	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Kenneth Harel	520 W. Grove Ave.	Orange, Ca. 92865	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Wayne Wood	520 W. Grove Ave.	Orange, Ca. 92865	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature]

Jonathan Whaley, Pres.

4/24/07

904-722-9363

XXXXXXXXXX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #