## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 22, 2007 08:00 AM Secretary of State

Principal Place of Suchness	1. Entity Nam	MENT # F42470 . edwards, chartere	D	(					aiy (	oi Sta
Suite, Apt. #, etc.    Cay & State   Cay & S	9277 SE MAI	RICAMP RD.	9277 SE MARICAMP RD.							
Cry & State    Cry & State   Cry & Cry	2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address							
Sp. 2149440   St. Country   Sp.   Country   Sp.   Country   Sp. 2149440   St. Certificator of Status Desired   St. St. St. Additional   Fee. Required   Fee.	Suite, Apt.	#, elc.	Suite, Apt. #, etc.			01122007	Chg-P	CR2E034	(12/06)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  EDWARDS, JAMES E. 9277 SE MARICAMP RD.  OCALA, FL 34472  City FL Zip Code  8. The above named only submits this atternment for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am termillar with and accept the originations of registered agent and originations or register	City & State	9	City & State							
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip C			y	5. Certificate of	f Status Desired			
Street Actives (P.C. Box Number is Not Acceptable)  Street Actives (P.C. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City  Ci		6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	egistered Age	nt	
8. The above named only submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:    Commandation	9277 SE MARICAMP RD.				Street Address (P.O. Box Number is Not Acceptable)					
the obligations of registered agent.  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  PILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  Added to Fees  \$5,00 May Be Added to Fees  Added to Fees  \$5,00 May Be Added to Fees  Added to Fees  Added to Fees  TILE  Delte TILE					City			FL	Zip Code	<u> </u>
**Speake, finished printed rows of implaced given and life of applicable. (NOTE: Registered Ancepted vinious records of word inflations)  **FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  **Trust Fund Contribution.**  **OFFICERS AND DIRECTORS**  10. OFFICERS AND DIRECTORS**  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **INCE**  **PST**  **EDWARDS, JAMES E**  **INCE I ADDRESS**  **INCE I ADDRESS**  **INCE I ADDRESS**  **INCE I ADDRESS**  **OCALA, FL**  **OCALA, FL**  **OCALA, FL**  **OCALA, FL**  **Delate**  **INCE I ADDRESS**  **OTY-SI-JP**  **OTY-SI-JP**  **OTY-SI-JP**  **INCE I ADDRESS**  **OTY-SI-JP**  **OTY-SI			or the purpose of changing in	ts registered	d office or register	red agent, or both	, in the State of Flo	rida. I am fam	lliar with, a	and accept
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIEL   PST	SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NC	TE: Registered /	Agent signature required	d when reinstating)		DATE		
THE EDWARDS, JAMES E SIRET ADDRESS CITY-SI-2P  THE DOBBE SIRET ADD										
SIRET ADDRESS OCY-ST-2P OCALA, FL						ADDITIONS/0				
THE Addition  NAME STREET ADDRESS CITY-S1-2P  THE CAPTER ADDRE	NAME STREET ADDRESS	EDWARDS, JAMES E 1480 SE 73RD PL	L_l Delete	NAME STREET	I .		000000 -03/02/07	644246 <u>-</u> 80034-0≀	Change   24   151	D. DO
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