


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90023 016 ***550.00

DOCUMENT # F96000002533

1. Entity Name
SECTION 16000, INC.



Principal Place of Business
2700 PLAZA DR.
ENTERPRISE, AL 36330 US

Mailing Address
PO BOX 311147
ENTERPRISE, AL 36331-1147 US



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1118890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
236 EAST 6TH AVE
TALLAHASSEE, FL 32303

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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 NAME STREET ADDRESS CITY-ST-ZIP	P TAUNTON, DONALD E 6370 LOVELADY RD. DADEVILLE, AL 36853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRETER, DONALD R 527 CO RD 724 ENTERPRISE, AL 36330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TANNER, LARRY D RT 1 BOX 109 HARTFORD, AL 36344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SATOR, WENDY N 800 Highway 27 5650 Highway 27 ENTERPRISE, AL 36330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Wendy N. Sator* **Wendy N. SATOR** **4-30-07** **334 347-2899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #