


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 08:00 AM**  
**Secretary of State**

|                                                                                     |  |                                                                                   |
|-------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # G06625</b>                                                            |  |  |
| 1. Entity Name<br><b>HUMIR, INC.</b>                                                |  |                                                                                   |
| Principal Place of Business<br><b>PO BOX 937<br/>FERNANDINA BEACH FL 32034-0937</b> |  | Mailing Address<br><b>PO BOX 937<br/>FERNANDINA BEACH FL 32034-0937</b>           |



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

1st MOORE CR2E034 (10/06)

|                                                                                                             |  |                                                    |
|-------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|
| 4. FEI Number <b>59-2241327</b>                                                                             |  | Applied For                                        |
|                                                                                                             |  | Not Applicable                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                   |  | <b>\$8.75</b> Additional Fee Required              |
| 6. Name and Address of Current Registered Agent                                                             |  | 7. Name and Address of New Registered Agent        |
| <b>POOLE, WESLEY R</b><br><b>SUITE 200, ALLAN BLDG., 303 CENTRE ST.</b><br><b>FERNANDINA BEACH FL 32034</b> |  | Name                                               |
|                                                                                                             |  | Street Address (P.O. Box Number is Not Acceptable) |
|                                                                                                             |  | City                                               |
|                                                                                                             |  | FL Zip Code                                        |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

|                                                                                                                                                 |                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                              |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD</b><br><b>TOLLISON SR., HUGH K</b><br><b>3106 B S. FLETCHER AVE.</b><br><b>FERNANDINA BEACH FL 32034</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000634127</b><br><b>02/21/07-80093-005 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>STD</b><br><b>GORDON, JEAN</b><br><b>123 LINKSIDE DR</b><br><b>ST. SIMONS ISLAND GA 31522</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |

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 attachment with an address, with all other like empowered.

SIGNATURE: *Hugh K. Tollison* **Hugh K. Tollison Pres** **1/31/07** **(904) 261-8900**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #