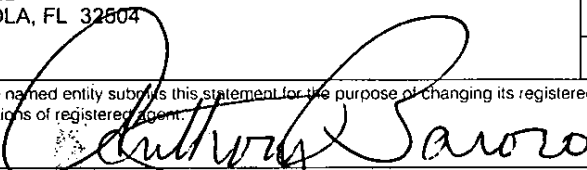
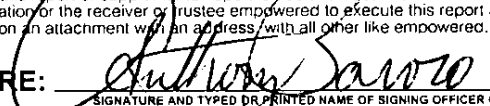


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90039 031 ***150.00

DOCUMENT # J50744 1. Entity Name A.F.I.C. INVESTMENTS, INC.																													
Principal Place of Business 3987 NW ST UNIT #15 PENSACOLA, FL 32505			Mailing Address P.O. BOX 17898 PENSACOLA, FL 32522																										
2. Principal Place of Business - No P.O. Box # 6706 N 9th Ave Suite, Apt. #, etc. PENSACOLA FLA City & State			3. Mailing Address P.O. Box 10729 Suite, Apt. #, etc. PENSACOLA FL City & State																										
Zip 32504		Country USA		Zip 32524																									
Country USA		4. FEI Number 59-2752486																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent BAROCO, RONALD A 6706 N. 9TH AVE PENSACOLA, FL 32504																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																													
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 1/31/07 <small>DATE</small> </div> </div>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD BAROCO, RONALD ANTHONY</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>14230 RIVER RD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PENSACOLA, FL 32507</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD BAROCO, J H JR</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>6706 NORTH 9TH AVENUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PENSACOLA, FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD BAROCO, RONALD ANTHONY	<input type="checkbox"/> Delete	NAME	14230 RIVER RD		STREET ADDRESS	PENSACOLA, FL 32507		CITY-ST-ZIP			TITLE	PD BAROCO, J H JR	<input checked="" type="checkbox"/> Delete	NAME	6706 NORTH 9TH AVENUE		STREET ADDRESS	PENSACOLA, FL		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:  ANTHONY BAROCO 1/31/07 850 4792441 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

40019344



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