FILED

1/28/06 (352) 474-6094

2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 07, 2007 8:00 am Secretary of State DOCUMENT # J62256 1. Entity Name 02-07-2007 90046 042 ***150.00 FLORIDA 12, INC. Principal Place of Business Mailing Address 7930 SW 123 TERR CED<u>AR KEY FL 3262</u>5 7930-9W-128-TERR 2. Principal Place of Business, No P.O. Box # 3. Mailing Address 112 SW 145 DR Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 11/ City & State City & State 4. FEI Number Applied For 59-2790467 NEWBEARY Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 32699 ور ک Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUIMBY, JOHN A Street Address (P.O. Box Number is Not Acceptable) 7930 N.W. 123RD TERRAGE 162 SW 145" DR. #11 GEDAR KEY FL 32625 8. The above named antity supports this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account the obligations of registered SIGNATURE ure, typed or printed name of registered agen nd title ir applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILLE ☐ Delete TITLE ■ Addition Change QUIMBY, JOHN A. NAME 162541 145 DRIVE #11 7930 SW 123RD TERRACE STREET ADDRESS STREET ADDRESS NOW BOING FL. 32669 CEDAR-KEY-FL CHY-S1-ZIP CITY - ST - ZIP ☐ Delete TITLE Addition QUIMBY, JOHN A. NAME NAMI 16×561455 DR. 411 7930 SW 123RD TERRACE STREET ADORESS STREET ADDRESS CEDAR KEY-FL. CITY-ST-7IP CITY - ST- ZIP IIIU ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST. 7IP 11111 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET LADDRESS CITY-ST-/IP CITY-S1-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP 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 accerate and that my signature shall have the same legal effect as if made under eath; 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 a dedress with all other like empowered.

PROSIDENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _