2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # J84082 1. Entity Name MOTES, INC. Principal Place of Business Mailing Address 154 HUNTER ROAD **154 HUNTER ROAD** PALATKA, FL 32177 PALATKA, FL. 32177 ZU 02222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4, FEI Number 59-2865691 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOTES, FRED J DO NOT WRITE 154 HUNTER ROAD PALATKA, FL 32177 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000448978 Trust Fund Contribution. Added to Fees 03/09/06-80035-017 150.00 10, OFFICERS AND DIRECTORS INTE MOTES, FRED JEFFERSON NAME RT. 4 BOX 858 N/A STREET ADDRESS CITY-ST-ZIP PALATKA, FL TITLE KAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TTCE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C/1Y-S7-Z2P TITLE NHM STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fitting 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 507, Florida Statutes; and that my pame appears in Block 10 or Block 11 if

with all other like empowered

changed, or on an attachment with an address,

SIGNATURE: SIGNATURE AND TYPED OF MINTED NAME OF SIGNING OFFICER OR DIRECTOR

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