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

## **FILED** Apr 25, 2007 08:00 Al Secretary of State DOCUMENT # K02795 1. Entity Namo FERAND SOUTH, INC. Principal Place of Business Mailing Address % DAVID L. PEARCE % DAVID L. PEARCE 1100 E. OAKLAND PK. BLVD., SUITE 104 OAKLAND PARK FL 33334 1100 E. OAKLAND PK. BLVD., SUITE 104 OAKLAND PARK FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, otc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 65-0026314 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PEARCE, DAVID L. 1100 E. OAKLAND PK. BLVD., SUITE 104 Street Address (P.O. Box Number is Not Acceptable) OAKLAND FL 33334 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 Signature, typed or printed name of registered agent and title if applicable DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. IIILE ☐ Delete TITLE Change PEARCE, DAVID L. NAME NAME: 1100 E. OAKLAND PK. BLVD., SUITE 104 STREET ADDRESS STREET ADDRESS **OAKLAND FL 33334** CITY-ST-ZIP CHY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7/P CITY-ST-ZIP HILE ☐ Delete BHIL ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS - CITY - ST - ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP U00000731488□ Change ■ Addition MILE ☐ Delete TITLE 05/09/07-80007-013 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP IIIE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 the empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR