FILED Apr 25, 2007 8:00 am Secretary of State 04-25-2007 90170 021 ***150.00

2007 FOR PROFIT CORPORATION

ANNOAL REPORT							04-23-20	00/ 001/0	021	130.00
1. Entity Nat	IMENT # K83921 DE ASSOCIATES, ING.					· A (0080130			
Principal Place of Business Mailing Address						4,	0000240			
	LKJR ST N STE 130	8950 DE MLKJR ST N STE 130			- 1					
SAINT PETE	RSBURG, FL 33702	A492								
	SAINT PETERSBURG, FL	PETERSBURG, FL 33702			1 (80)010 00	 18488 1848 1851 1854 11	e: 0101/ 0101/ 0101/	elan elan ek	11121 11 10m	
2. Principal Place of Business - No P.O. Box # 8950 Dr MLK ST NORTH		3. Mailing Address PO BOX 55368								
Suite, Apt. #, etc. STE 130		Suite, Apt. #, etc.				04182007	Chg-P	CR2E034	<u> </u>	
City & State ST PETERSBURG FL		ST PETERSBUR		Ì	4. FEI Number 65-012				pplied For of Applicable	
Zip 33702	Country USA	Zip Coun 33732 USA			Ì	5. Certificate		\$8.75 Additional Fee Required		
	6. Name and Address of Current R			7. Name and	Address of New I	Registered Ag	ent			
								<u> </u>		
WINEHRENNER, JACK M			}	Street Address (P.O. Box Number is Not Acceptable)						
	MLK JR ST N STE 130		Street Aud	11622 (L	O. BOX NUMO	er is not acceptable	(C)			
SAIN! PE	TERSBURG, FL 33702									
			ļ.	City					Zip Cod	10
•								FL	Zip 000	
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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND D	IDECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND D	RECTOR	S IN 11
TITLE			TITLE			710071101107	0,1,1,1,0,2,0,1,0,0,1,		Change	☐ Addition
NAME			NAME					_	J g-	
STREET ADDRESS			STREET	ADDRESS	244	2 N PENNSYLVANIA				
CITY-ST-ZIP	Crystal River FL 34428	CITY-		IT-21P	CRY	STAL RIVER FL 34428				
TITLE		☐ Delete	TITLE					C	Change	Addition
NAME			NAME							
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CITY-ST-ZIP			CITY-S	T-ZIP						
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TITLE		☐ Delete	TITLE						Change	☐ Addition
NAME	•		NAME							1
STREET ADDRESS		,	STREET	ADDRESS						
CATY - ST - ZAP			CITY-ST	- ZIP						
40	and the same of the same of the same of	in filing done not qualify for th		ntions costs	ninod is	Chapter 110	Clasido Ctatutas I	further pertitut	hat the is	formation

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.