UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2007 8:00 am Secretary of State

Zip 34739 Country Zip 34739 T. Name and Address of Current Registered Agent Name JOHNNY R. GARMANY Street Address (P.O. Box Number is Not Acceptable) 255 GRANT BASS City KENANSVILLE City KENANSVILLE State of Florida arm familiar with, and accept the obligations of registered agent. SIGNATURE JOHNNY R. GARMANY Street Address (P.O. Box Number is Not Acceptable) 255 GRANT BASS Note the purpose of changing its registered office or registered agent, or both, in the state of Florida arm familiar with, and accept the obligations of registered agent. SIGNATURE JOHNNY R. GARMANY Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Jeent signature requires when reinstating) After May 1, Fee is \$550.00 Jánuary 1 - May 1 Fee is \$550.00 Selection Campaign Financing \$5.00 May Be	DOCUMENT # L05000108076 1. Entity Name					05-03-2007 90262 005 ***150.00	
2. Principal Place of Business 2. 3. Mailing Address 2.55 GRANT BASS 2.55 GRANT BASS 2.56 GRANT BASS 2.57 BB98 2.58 BB98 2.5	JOHNNY R GARMAN	IY, L.C.					
2. Principal Place of Business 2.56 GRANT BASS Suite, Apt. #, etc. City & State CRANSVILLE, FL Zip. Applied For Ayray 34739 DO NOT WRITE IN THIS SPACE City & State City & State City & State Country Ayray 34739 DO NOT WRITE IN THIS SPACE City & State Address of Current Registered Agent Annual State JOHNNY R. GARMANY Street Address (P.O. Box Number is Not Acceptable) SIGNATURE Signature, byed or printed name of registered agent. JOHNNY R. GARMANY Jánuary 1. May 1 Foe is \$150.00 Amended UBR is \$61.26 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE T	DO N	OT WRI	TE IN THIS	SPA	CE	g0048332	
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KENANSVILLE, FL Zip Country Zip 34739 Country Zip AT739 Country Zip AT739 Country Zip AT739 AT739 Country Zip AT739 B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida 1 arm familiar with, and accept the obligations of registered agent. JOHNNY R. GARMANY SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Joint signature required Mener remistating) Atter May 1, Fee is \$150.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS AT800 AMENDED AME AMAE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Suite Ant # etc					DO NOT WRITE IN THIS SPACE	
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IN THIS SPACE City FL Zip Code 34739	DO NOT WRITE				JOHNNY R. GARMANY		
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 amfamiliar with, and accept the obligations of registered agent. SIGNATURE JOHNNY R. GARMANY Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered flow from the requirer when reinstating) Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS SITUE ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further	CITY-ST-ZIP			_ cr	TY-ST-ZIP		
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							

certify that the information supplied with this limit does not qualify for the exemption stated in eccent his 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 on an attachment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-07 407-436-170

Date Daytime Phone