2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

DOCUMENT # L66427 1. Entity Name RUSSELL PARDEE, INC.							04-07-2008	: 90055 0	46 ***1	50.00
Principal Plac	ce of Busines	s	· · · · · · · · · · · · · · · · · · ·							
3065 NW BI OCALA, FL	LITCHTON RE 34475 U	_	3065 NW BLITCHTON Ocala, FL 34475	• .		110 2 1(11 61210 11011 172	2:0:: 0(0): 0)	i 818:n siáil 819	ISPAL II F T AF	
2. Principal f	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182008	Chg-P	CR2E03	4 (12/06)	
City & State			City & State	_,	4. FEI Number 59-30428	335		<u> </u>	optied For of Applicable	
Zip		Country	Zip Coun		ntry	5. Certificate of	\$8,75 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
PARDEE,	WILLIAM	RUSSELL	Name							
3065 NW BLITCHTON RD OCALA, FL 34475					Street Address (I	P.O. Box Number i	s Not Acceptable)		
					City		Zip Code			
R The shove	named antitu	enhants this statement to	or the numbers of changing its	s racinta.		od agent or both	in the State of Ele	FL.	<u>L</u>	
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, typod or printed name of registered agent and bite if applicable. (NOIE: Registered Agent signature required when reinstang) [NATE]										
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		FEE IS \$150.00 3 Fee will be \$550.	9. Election Campa Trust Fund Con	-	~ ~ ~	00 May Be ed to Fees				
10. OFFICERS AND DIRECTORS 11.						ADDITIONS/CH	IANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE NAME	DP Delete Titte								☐ Change	☐ Addition
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HILE			☐ Delete	TITLE		· ·		[Change	Addition
STREET ADDRESS				NAME STREE	: ET ADORESS					
CITY-ST-ZIP					S1-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental apport 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 true fee 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.										
SIGNATURE: / LUNCH / Vaidu 4-3-08 3523S/3/55										