2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 AM Secretary of State DOCUMENT # L70857 HEDGECOCK PROPERTY RENTALS, INC. Principal Place of Business Mailing Address **7684 KIPLING STREET 7684 KIPLING STREET** P.O. BOX 10756 P.O. BOX 10756 PENSACOLA, FL 32524-0756 US PENSACOLA, FL 32524-0756 US 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3007899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEDGECOCK, EMILY A. DO NOT WRITE 7684 KIPLING ST. PENSACOLA, FL 32514 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 signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE DST HEDGECOCK, EMILY A. NAME 7684 KIPLING ST STREET ADORESS PENSACOLA, FL CITY-ST-ZIP TITLE HEDGECOCK, RONALD W. NAME 000000783169 01/16/08-80004-002 150 00 STREET ADDRESS 7684 KIPLING ST CITY-ST-7IP PENSACOLA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2008

850-476-7599

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