2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the if changod, or on an alla

Feb 15, 2007 08:00 AM Secretary of State DOCUMENT # M81121 1. Entity Namo NANCE & UNDERWOOD, RIGGING & SAILS, INC. Principal Place of Business Mailing Address 262 SW 33RD ST 262 SW 33RD ST FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 65-0046558 Not Applicable Zip Country Ζıp 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 MORRISON, RICHARD W. 4875 N. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) TENTH FLOOR FT. LAUDERDALE FL 33308 Citv Zip Code 8. The above named ontity 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 it applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. THE ☐ Delete TITLE ☐ Change Addition U00000636946 UNDERWOOD, ROGER NAME NAME 02/26/07-80040-017 150.00 1620 S.W. 5TH STREET STRIET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY ST-79 CITY-S1-ZIP PD Addition иш ☐ Delete IIILE Change NANCE, ROBERT NAME NAME 340 SUNSET DRIVE APT.609 STREET ADDRESS STREET AODRESS FT. LAUDERDALE FL CHY-ST-ZP CITY-ST-ZIP ☐ Dolete 11111 ☐ Change Addition TOTAL NAMI NAME STOLET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP HILE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET LADDRESS CITY-ST-ZIP CITY ST-7IP Delete IIILE THUE ☐ Change Addition NAME NAME STRICT ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP ☐ Delete HILE ☐ Change Addition THILL NAME. NAME. STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SL-7IP ligh supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information tenental report is true and accurate and that my signature shall have the same tegal effect as if made under eath; that I am an officer or director 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 with an address, with all other like empowered. I horoby certify that the informatic indicated on this report or supply

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