2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N0400001 MORE THAN CONQUERO			04-11-2007 90038 042 ****70.00						
5942 COPPE	ce of Business ER LAKE DR. LE, FL 32218		ress Per lake dr Lle, fl. 322							
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Ad	Idress							
Suite, Apt.	Suite, Ap	Suite, Apt. #, etc.			04022007 Ch	ıg-NP	CR2E03	37 (12/06)		
City & Stat	te	City & St	City & State			4. FE! Number 47-094684	0			pplied For
Zip	Country	Zip		Country		5. Certificate of Sta	atus Desired		\$8.75 Add Fee Required	
	6. Name and Address of Currer	nt Registered Age	nt			7. Name and Add	ress of New R	egistered /	Agent	
				Name						ì
PRESLEY, GLYN 5942 COPPER LAKE DR. JACKSONVILLE, FL 32218					ddress (f	P.O. Box Number is N	ot Acceptable	e)		
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							"	FL	Zip Code	e
	e named entity submits this statement tions of registered agent.	for the purpose of	changing its r	registered office o	r registeri	ed agent, or both, in	the State of Flo	orida. Lami	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable.	(NOTE:	: Registered Agent signal	ture required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9.	Election Cam Trust Fund C	npaign Financing ontribution.		\$5.00 May Be Added to Fees			c payable to	
	Due by May 1, 2007			ontribution.		Added to Fees	Flori	ida Depar	tment of St	ate
10.	Due by May 1, 2007 OFFICERS AND D	DIRECTORS	Trust Fund Co	ontribution.			Flori	ida Depar	tment of St	10
TITLE	OFFICERS AND E	DIRECTORS		ontribution. 11. TIFLE		Added to Fees	Flori	ida Depar	tment of St	ate
TITLE NAME	OFFICERS AND E P PRESLEY, GLYN L	DIRECTORS	Trust Fund Co	11. TIFLE NAME		Added to Fees	Flori	ida Depar	tment of St	10
TITLE NAME STREET ADDRESS	OFFICERS AND D PRESLEY, GLYN L 5942 COPPER LAKE DRIVE	DIRECTORS	Trust Fund Co	ontribution. 11. TITLE NAME STREET ADDRESS		Added to Fees	Flori	ida Depar	tment of St	10
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRESLEY, GLYN L 5942 COPPER LAKE DRIVE JACKSONVILLE, FL 32218 VD	DIRECTORS [Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Added to Fees	Flori	ida Depar	tment of St	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRESLEY, GLYN L 5942 COPPER LAKE DRIVE JACKSONVILLE, FL 32218 VD PRESLEY, ARLENE D	DIRECTORS [Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME		Added to Fees	Flori	ida Depar	tment of St	110 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PRESLEY, GLYN L 5942 COPPER LAKE DRIVE JACKSONVILLE, FL 32218 VD PRESLEY, ARLENE D 5942 COPPER LAKE DRIVE	DIRECTORS [Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS		Added to Fees	Flori	ida Depar	tment of St	110 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESLEY, GLYN L 5942 COPPER LAKE DRIVE JACKSONVILLE, FL 32218 VD PRESLEY, ARLENE D 5942 COPPER LAKE DRIVE JACKSONVILLE, FL 32218	DIRECTORS [Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	Added to Fees	Flori	ida Depar	trinent of St RECTORS IN Change	10 Addition
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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:	Dem	Z	Preden	GIVN	7	Presley	4-2-07	904-766-997	76
	SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR						Date.	Daytana Phone #	