

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90014 043 \*\*\*\*61.25

|                                |                                                                                   |
|--------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N04612</b>       |  |
| 1. Entity Name<br>W.A.R., INC. |                                                                                   |

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br>ROUTE 40 WEST<br>P.O. BOX 350<br>INGLIS, FL 34449 US | Mailing Address<br>ROUTE 40 WEST<br>P.O. BOX 350<br>INGLIS, FL 34449 US |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

|                                              |                     |
|----------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box | 3. Mailing Address  |
| Suite, Apt. #, etc.                          | Suite, Apt. #, etc. |
| City & State                                 | City & State        |
| Zip                                          | Country             |

03012305 Chg-NP CR2ED37 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2434880 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                       |                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>ROBERT D. BERKLEY<br>4645 PAMELA DRIVE<br>YANKEETOWN, FL 34498 | 7. Name and Address of New Registered Agent<br>Name: DANNIE C. HILLIARD<br>Street Address (P.O. Box Number is Not Acceptable)<br>16551 W. RIVER ROAD<br>City: INGLIS FL Zip Code: 34449 |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 <u>Dannie C. Hilliard</u> | DATE <u>6 April 2008</u> |
|-------------------------------------|--------------------------|

|                                             |                                                                                                                |                                                      |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2008 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to<br>Florida Department of State |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                        |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                    |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | TD<br>WALTERS, KAY<br>11588 N. CARIBEE PT.<br>INGLIS, FL 34449 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | P<br>HILLIARD, DANNIE C.<br>16551 W. RIVER ROAD<br>INGLIS, FL 34449 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Address    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PD<br>BERKLEY, ROBERT D<br>4645 PAMELA DRIVE<br>YANKEETOWN, FL 34498 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | S/TO<br>MC CARTHY, JENNY L.<br>15901 W. RIVER ROAD<br>INGLIS, FL 34449 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Address |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | SD<br>PETERSON, LOUISE<br>11405 HONEY JORDAN PT.<br>INGLIS, FL 34449 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | D<br>BERKLEY, ROBERT D.<br>4645 PAMELA DRIVE<br>YANKEETOWN, FL 34498 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Address   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | D<br>MIKO, CHARLES<br>11610 N Caribee Point<br>INGLIS, FL 34449 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Address        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | D<br>MC CARTHY, JOHN C.<br>15901 W. RIVER ROAD<br>INGLIS, FL 34449 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Address     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | D<br>ARMSTRONG, RON<br>4641 PAMELA DRIVE<br>YANKEETOWN, FL 34498 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Address       |

12. I hereby certify that the information supplied with this filing 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 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 the empowered.

|                                      |                           |
|--------------------------------------|---------------------------|
| SIGNATURE: <u>Dannie C. Hilliard</u> | DATE: <u>6 APRIL 2008</u> |
|--------------------------------------|---------------------------|

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PAGE 2 of 2 pages

|                                                                                     |         |                                                                                   |         |
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| DOCUMENT # N04612                                                                   |         |  |         |
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| 2. Principal Place of Business - No P.O. Box                                        |         | 3. Mailing Address                                                                |         |
| Suite, Apt. #, etc.                                                                 |         | Suite, Apt. #, etc.                                                               |         |
| City & State                                                                        |         | City & State                                                                      |         |
| Zip                                                                                 | Country | Zip                                                                               | Country |

## (11. CHANGES TO OFFICERS AND DIRECTORS CONTINUED)

ATTACHMENT

66006139

|                                                                                                                                                                                                                               |  |                                                                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 4. FEI Number<br>59-2434890                                                                                                                                                                                                   |  | Applied For<br>Not Applicable                                                                                                                                                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                      |  |                                                                                                                                                                                          |  |
| 6. Name and Address of Current Registered Agent<br>ROBERT D. BERKLEY<br>4545 PAMELA DRIVE<br>YANKEETOWN, FL 34498                                                                                                             |  | 7. Name and Address of New Registered Agent<br>Name: DANNIE C. HILLIARD<br>Street Address (P.O. Box Number is Not Acceptable):<br>16551 W. RIVER ROAD<br>City: INGLIS FL Zip Code: 34449 |  |
| 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: <i>Dannie C. Hilliard</i>                                                                                                                                                                                          |  | DATE: 6 April 2008                                                                                                                                                                       |  |

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

| 10. OFFICERS AND DIRECTORS                        |                                 | 11. CONT'D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10           |                                                                              |
|---------------------------------------------------|---------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                   |                                 | D<br>PETERSON, RANDY<br>11405 N Honey Jordan Point<br>INGLIS, FL 34449 |                                                                              |
|                                                   |                                 | D<br>MICHEALS, EDWARD<br>29 S. Hawthorne<br>YANKEETOWN, FL 34498       |                                                                              |
|                                                   |                                 | D<br>FUCHS, JOHN<br>12537 W. Foss Grove Path<br>INGLIS, FL 34449       |                                                                              |
|                                                   |                                 | D<br>WALTERS, RODNEY<br>11588 N Caribee Point<br>INGLIS, FL 34449      |                                                                              |
|                                                   |                                 |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                   |                                 |                                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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SIGNATURE:

*Dannie C. Hilliard*

6 April 2008