2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N05000010209

Entity Name: F.J.H.S.R.A - WRANGLER DIVISION, INC.

Current Principal Place of Business:

8423 FT KING RD
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

4613 BLUFF HAMMOCK ROAD
LORIDA, FL 33857

Current Mailing Address:

8423 FT KING RD
ZEPHYRHILLS, FL 33541

New Mailing Address:

P.O. BOX 302
LORIDA, FL 33857

FEI Number: 20-3676975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OAKLEY, TAMARA
8423 FT KING RD
ZEPHYRHILLS, FL 33541 US

Name and Address of New Registered Agent:

VICKERS, ED
4613 BLUFF HAMMOCK ROAD
LORIDA, FL 33857 US

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.

SIGNATURE: ED VICKERS 05/01/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SUMMERS, DARREN
Address: 710 E MAIN
City-St-Zip: LAKE BUTLER, FL 32054

Title: VP ( ) Delete
Name: MORGAN, HENRY
Address: 10987 HWH 11
City-St-Zip: BUNNELL, FL 32110

Title: S (X) Delete
Name: WINDSOR, ELIZABETH
Address: 316 SUNNYHILL DR
City-St-Zip: BROOKSVILLE, FL 34602

Title: T (X) Delete
Name: OAKLEY, TAMARA N
Address: 8423 FT KING RD
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VICKERS, ED
Address: 4613 BLUFF HAMMOCK ROAD
City-St-Zip: LORIDA, FL 33857

Title: T (X) Change ( ) Addition
Name: VICKERS, KIM
Address: 4613 BLUFF HAMMOCK ROAD
City-St-Zip: LORIDA, FL 33857

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED VICKERS PD 05/01/2007
Electronic Signature of Signing Officer or Director — Date