
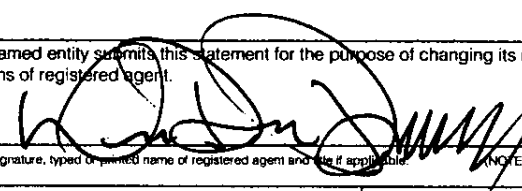
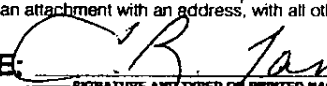


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # N06000000302 1. Entity Name ARMOR BEARER INC. | | | |  | |
| Principal Place of Business 4611 PEARL STREET JACKSONVILLE, FL 32206 | | | Mailing Address 4611 PEARL STREET JACKSONVILLE, FL 32206 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address PO Box 440644 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State JACKSONVILLE, Florida | | 4. FEJ Number 55-0907425 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Country | | 32222-0644 DVAI | |
| 6. Name and Address of Current Registered Agent BOGAN, DENISE B 6586 SAPPHIRE DRIVE JACKSONVILLE, FL 32208-4608 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE 3/19/07 | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WALKER, JOHN JR 1138 TURTLE CREEK DRIVE S JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300095889523 04/05/07--01033--015 **61.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V JAMES, THOMAS R II 4832 N MAIN ST #16 JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT THOMAS R JAMES II 8030 LOUROS DR. North JACKSONVILLE, FLA. 32210 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SIMON, LINDA 2265 W 23RD STREET JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ARMANT, SHEILA 1065 NELSON STREET JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY SHEILA ARMANT 214 MAYALL ROAD JACKSONVILLE, FLA. 32220 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 like empowered. | | | | | |
| SIGNATURE:  James R. James II 3/19/07 (904) 779-9288 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

FILED

2007 MAR 20 PM 2:26

SECRETARY
TALLAHASSEE



03152007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

8/19/07