## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4Rd 150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED **DOCUMENT # N06000009269 AUTHOR & FINISHER INTERNATIONAL INC.** 07 MAY 18 AM 10: 18 Score marío, ota, TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2750 OLD ST. AUGUSTINE ROAD 2750 OLD ST. AUGUSTINE ROAD UNIT CG7 **UNIT G67** TALLAHASSEE EL 32301. TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 05172007 Chq-NP CR2E037 (12/06) Applied For City & State Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent ANGELA MOSS POOLE LLC 130 SALEM COURT TALLAHASSEE, FL 32301 5600 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 fan SIGNATURE 9. Election Campaian Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. rector (Executive Coupered CPD ☐ Delete TITLE TITLE ARDIS, HENERY NAME szetta Williams NAME PO BOX 5034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32314 CITY-ST-ZIP Delete TITLE TITLE ARDIS, MARY NAME NAME F. BestiC STREET ADDRESS STREET ADDRESS PO BOX 5034 CITY-ST-ZIP TALLAHASSEE, FL 32314 CITY-ST-ZIP Addition VCD Delete TITLE TITLE MCBAIN, TERESA NAME NAME STREET ADDRESS PO BOX 5034 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32314 ☐ Change ☐ Addition RSD ☐ Delete TITLE TITLE 000103133280 05/24/07~01013~022 \*\*70 FRELICH, MICHELE NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 5034 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32314 ☐ Addition ☐ Change Delete TITLE TITLE CAMPBELL, MARILYN NAME NAME STREET ADDRESS PO BOX 5034 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32314 ■ Addition TITLE ☐ Change □ Delete TITLE NEWBON, PRISCILLA NAME NAME STREET ADDRESS PO BOX 5034 STREET ADDRESS K. Eckel MAY 18 2007 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32314 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.