2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37590

FILED Jan 17, 2007 Secretary of State

2809 SUNRISE ROAD LADY LAKE, FL 32159 Current Mailing Address: % JAMES HANSON 400 W. MIRROR LAKE DRIVE FRUITLAND PARK, FL 34731 Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: Address: Date OFFICERS AND DIRECTORS: Title: Name: Address: O () Delete Name: Address: O () Delete Name: Address: O () Change () Addition Name: Name: () Change () Addition Name:							
2809 SUNRISE ROAD LADY LAKE, FL 32159 US Current Mailing Address: New Mailing Address: Name Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: HANSON, JAMES 400 W MIRROR LAKE DR FRUITLAND PARK, FL 34731 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: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Title: D () Delete Name: AMATO, JOE Address: OS30 VALLEY OAK Address: OIty-Sk-Zip: VEIRSDALE, FL 32195 Title: D () Delete Name: AMATO, JOE Address: OIty-Sk-Zip: FRUITLAND PARK, FL 34731 City-Sk-Zip: FRUITLAND PARK, FL 34731 Title: () Change () Addition Name: Address: OIty-Sk-Zip: FRUITLAND PARK, FL 34731 Title: () Change () Addition Name: Address: OIty-Sk-Zip: FRUITLAND PARK, FL 34731 Title: () Change () Addition Name: Address: OIty-Sk-Zip: FRUITLAND PARK, FL 34731 Title: () Change () Addition Name: Address: OITHER () Change () Addition Name: Name: Address: OITHER () Change () Addition Na	Entity Na	nme: HIS FELL	OWSHIF	P OF LAKE COUNTY,	FLORIDA, INC.		
Current Mailing Address: % JAMES HANSON 400 W. MIRROR LAKE DRIVE FRUITLAND PARK, FL 34731 US FEI Number: 59-3097437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: HANSON, JAMES 400 W MIRROR LAKE DR FRUITLAND PARK, FL 34731 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: Electronic Signature of Registered Agent	Current Principal Place of Business:				New Principal Place o	of Business:	
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400 W. MIRROR LAKE DRIVE FRUITLAND PARK, FL 34731 US FEI Number: 59-3097437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: HANSON, JAMES 400 W MIRROR LAKE DR FRUITLAND PARK, FL 34731 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: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Title: D () Delete Title: () Change () Addition Name: Address: 5030 VALLEY OAK Address: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: HANSON, JAMES Name: Address: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: HANSON, JAMES Name: () Change () Addition Name: HANSON, JAMES Name: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: HANSON, JAMES Name: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: HANSON, JAMES Name: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: DUNSTAN, MARY LEE Name: () Change () Addition Name: Address: 5526 GULF STREAM STREET Address:	Current Mailing Address:				New Mailing Address	:	
Name and Address of Current Registered Agent: HANSON, JAMES 400 W MIRROR LAKE DR FRUITLAND PARK, FL 34731 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: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D () Delete Title: () Change () Addition Name: Address: 5030 VALLEY OAK Address: (City-St-Zip: WEIRSDALE, FL 32195 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: HANSON, JAMES Address: (City-St-Zip: Title: D () Delete Address: (City-St-Zip: Title: D () Change () Addition Name: Address: (City-St-Zip: Title: D () Change () Addition Name: Address: (City-St-Zip: Title: D () Change () Addition Name: Address: (City-St-Zip: Title: D () Change () Addition Name: Address: (City-St-Zip: Title: D () Change () Addition Name: Address: (City-St-Zip: Title: D () Change () Addition Name: Address: (City-St-Zip: Title: D () Change () Addition Name: (City-St-Zip: Title: D () Change () Addition Name: (City-St-Zip: Title: D () Change () Addition Name: (City-St-Zip: Title: D () Change () Add	400 W. M	IRROR LAKE D		US			
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400 W MIRROR LAKE DR FRUITLAND PARK, FL 34731 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: Electronic Signature of Registered Agent	Name and	d Address of C	urrent F	Registered Agent:	Name and Address of	New Registered Agent:	
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D () Delete Title: Name: Address: 5030 VALLEY OAK City-St-Zip: WEIRSDALE, FL 32195 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: Address: City-St-Zip: Title: Address:	400 W MI	RROR LAKE DI		US			
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	Title: Name: Address:	WEIRSDALE, F D () HANSON, JAME 400 W. MIRROI	EL 32195 Delete ES R LAKE D		City-St-Zip: Title: Name: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES HANSON D 01/17/2007