


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90017 002 ****61.25

DOCUMENT # N97000007008	
1. Entity Name CANOPY ROADS CREW, INC.	

40005127



Principal Place of Business 84 FINNER DRIVE CRAWFORDVILLE, FL 32327 US	Mailing Address 220 J&K LANE CRAWFORDVILLE, FL 32327
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>108 DAWN LAUREN LANE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Tallahassee FL</i>
Zip	Country
<i>32301</i>	

01112007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3485454	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMPBELL, CYNTHIA L 220 J&K LANE CRAWFORDVILLE, FL 32327	7. Name and Address of New Registered Agent Name <i>Cheryl Fralick</i> Street Address (P.O. Box Number is Not Acceptable) <i>108 DAWN LAUREN LANE</i> City <i>Tallahassee</i> FL Zip Code <i>32301</i>
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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: *Cheryl Fralick* DATE: *1/24/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LUBBERS, ALICE 3527 LEIGHTON HALL CT TALLAHASSEE, FL 32309 <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	VPD SUTTON, JUDY 385 LAKE LAURIE CIR QUINCY, FL 32352 <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	T CAMPBELL, CYNTHIA L 220 J&K LANE CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Delete	T Cheryl Fralick 108 DAWN LAUREN LANE Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMMERT, JUDITH 84 FINNER DRIVE CRAWFORDVILLE, FL 32327 <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	AD NAPPI, LYNNE 5735 BRAVEHEART WAY TALLAHASSEE, FL 32317 <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: *Cheryl Fralick* DATE: *1/24/07* DAYTIME PHONE: *850-410-3708*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR