

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 AUG 22 AM 7:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08212007 Chg-P CR2E034 (12/06)

DOCUMENT # P00000050744					
1. Entity Name 2170V, INC.					
Principal Place of Business 2334 SE FORT KING ST. OCALA, FL 34471			Mailing Address 2334 SE FORT KING ST. OCALA, FL 34471		
2. Principal Place of Business - No P.O. Box # 186 NW 68th Avenue			3. Mailing Address Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Ocala FL			City & State		
Zip 34482		Country US		4. FEI Number 59-3735274	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACKAY, KENNETH H III 2334 SE FORT KING ST. OCALA, FL 34471			7. Name and Address of New Registered Agent Name: Greg Linton Street Address (P.O. Box Number is Not Applicable): 186 NW 68th Avenue City: Ocala FL Zip Code: 34482		
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:  DATE: 8/21/07					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS MACKAY, KENNETH H III 2334 SE FORT KING ST. OCALA, FL 34471	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RANDY OSBORNE 186 NW 68th Avenue Ocala FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEEK, ALBERT 1111 NE 25TH AVE #102 OCALA, FL 34470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MARK DERSCH 186 NW 68th Avenue Ocala FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D GREG LINTON 186 NW 68th Avenue Ocala FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400108847794 08/30/07--01045--004 **61.25	<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
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 607, 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:			8/21/07 352 427 2259		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone *		

8/22/07