## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P00000081291 03-01-2007 90013 015 \*\*\*150.00 FINANCIAL VEHICLES, INC. Principal Place of Business Mailing Address 411026707 23816 OAK TREE DRIVE 23816 OAK TREE DRIVE SORRENTO, FL 32776 SORRENTO, FL 32776 3. Mailing Address 37349 N. THRILL HILL DO 2. Principal Place of Business - No P.O. Box # 37349 N. THRKL HILL RD 02092007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For EUSTIS 59-3672244 Not Applicable EUSTIS Country \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EASTER BROOK RICHARD EASTERBROOK, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 23816 OAK TREE DRIVE SORRENTO, FL 32776 EUSTIS 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. PICHARD G. EASTERBROOK SIGNATURE. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition EASTERBROOK, PICHARD, G EASTERBROOK, RICHARD G NAME NAME 37349 N. THRILL HILL RD EUSTIS FL 32736 23816 OAK TREE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SORRENTO, FL 32776 EASTERBROOK, SHARDN U. EChange 37344 N. THRILL HILL RD 10TLE ☐ Delete TITLE EASTERBROOK, SHARON V NAME MAME 23816 OAK TREE DRIVE STREET ADDRESS STREET ADDRESS FL 32734 CITY-ST-ZIP SORRENTO, FL 32776 CITY-SI-ZIP EUSTIS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TillE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IRLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREE1 ADDRESS CITY-ST-ZIP 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 attack left with an address, with all other like empowered. RICHARD G. EASTERBEAK 352-

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 01, 2007 8:00 am