2007 FOR PROFIT COMPACTION ANNUAL REL'

FILED Apr 18, 2007 08:00 All Secretary of State **DOCUMENT # P01000014046** 1. Entity Narhe JERRY DILLON, INC. Principal Place of Business Mailing Address 3810 19TH AVE SW 3810 19TH AVE SW NAPLES, FL 34117 NAPLES, FL 34117 CR2E034 (11/05) 01172007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3695976 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DILLON, JERRY M DO NOT WRITE 3810 19TH AVE SW NAPLES, FL 34117 IN THIS SPACE 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 registe SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DILLON, JERRY M NAME 3810 19 AVE SW STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34117 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS U000000714653 CITY-ST-ZIP 04/27/07-80031-013 150.00 TITLE NAME

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 eath; 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 address, with all other like empowered.

CIGNIATUDE.

STREET ADDRESS CITY-ST-ZIP

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