


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90055 022 \*\*\*150.00

| <b>DOCUMENT # P01000030494</b>   |                           |                                 |   |                                  |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
|--|---------------------------|---------------------------------|---|---|--|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|------|---|----------------|--|--|--|--|--|-----------------|--|--|--|--|--|-------|------|---------------------------------|-------|------|---|----------------|--|--|--|--|--|-----------------|--|--|--|--|--|-------|------|---------------------------------|-------|------|--|----------------|---------------------------|--|--|--|--|-----------------|--------------------|--|--|--|--|-------|------|---------------------------------|-------|------|---|----------------|--|--|--|--|--|-----------------|--|--|--|--|--|-------|------|---------------------------------|-------|------|---|----------------|--|--|--|--|--|-----------------|--|--|--|--|--|-------|------|---------------------------------|-------|------|---|----------------|--|--|--|--|--|-----------------|--|--|--|--|--|
| <b>1. Entity Name</b><br>WAKEMAN CONSULTING, INC.  |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| <b>Principal Place of Business</b><br>306 E. MAIN ST., STE. 200<br>LAKE LAND, FL 33801   |                           |                                 | <b>Mailing Address</b><br>PO BOX 90517<br>LAKE LAND, FL 33804-0517                                |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |                           | <b>3. Mailing Address</b>       |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| Suite, Apt. #, etc.  |                           | Suite, Apt. #, etc.             |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| City & State   |                           | City & State                    |   | <b>4. FEI Number</b><br>30-0019032  |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| Zip  |                           | Country                         |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>            |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b>   |                           |                                 |   | <b>7. Name and Address of New Registered Agent</b>  |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| WAKEMAN, WILLIAM H III<br>306 E. MAIN ST., STE. 200<br>LAKE LAND, FL 33801   |                           |                                 |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| <b>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.</b>   |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |                           |                                 | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">1400 Grasslands Blvd. #15</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5">Lakeland, FL 33803</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> </table> |                           |                                 |   |   |  | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  |  |  |  | CITY - ST - ZIP |  |  |  |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  |  |  |  | CITY - ST - ZIP |  |  |  |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | 1400 Grasslands Blvd. #15 |  |  |  |  | CITY - ST - ZIP | Lakeland, FL 33803 |  |  |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  |  |  |  | CITY - ST - ZIP |  |  |  |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  |  |  |  | CITY - ST - ZIP |  |  |  |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  |  |  |  | CITY - ST - ZIP |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS   |                           |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| TITLE  | NAME                      | <input type="checkbox"/> Delete | TITLE   | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| STREET ADDRESS   |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| CITY - ST - ZIP  |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| TITLE  | NAME                      | <input type="checkbox"/> Delete | TITLE   | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| STREET ADDRESS   |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| CITY - ST - ZIP  |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| TITLE  | NAME                      | <input type="checkbox"/> Delete | TITLE   | NAME  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| STREET ADDRESS   | 1400 Grasslands Blvd. #15 |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| CITY - ST - ZIP  | Lakeland, FL 33803        |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| TITLE  | NAME                      | <input type="checkbox"/> Delete | TITLE   | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| STREET ADDRESS   |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| CITY - ST - ZIP  |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| TITLE  | NAME                      | <input type="checkbox"/> Delete | TITLE   | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| STREET ADDRESS   |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| CITY - ST - ZIP  |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| TITLE  | NAME                      | <input type="checkbox"/> Delete | TITLE   | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| STREET ADDRESS   |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| CITY - ST - ZIP  |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| <b>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.</b>  |                           |                                 |   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| <b>SIGNATURE:</b> <i>Wm. H. Wakeman III</i>  |                           |                                 | 8-11-07 <span style="float: right;">863688-4441</span>  |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                           |                                 | Date <span style="float: right;">Daytime Phone #</span>   |   |  |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |  |                |                           |  |  |  |  |                 |                    |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |       |      |                                 |       |      |   |                |  |  |  |  |  |                 |  |  |  |  |  |