2007 FOR PROFIT CORPORATION
___ANNUAL REPORT_(AR)

Secretary of State DOCUMENT # P01000057348 1. Entity Name 02-12-2007 90094 036 ***150.00 STEPHEN RICHARD MONAHAN BUSINESS SERVICES, Principal Place of Business Mailing Address 214 ARROWHEAD ROAD 214 ARROWHEAD ROAD ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, ctc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For FEI Number 59-3724826 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Dosirod Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WATSON, TODD ESQ 7785 BAYMEADOWS WAY SUITE 107 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 City Zip Code 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, typad or privated name of registurest pryoric and lists in applicable (NOTE: Registered Agent Eighaluni required when rensmirin) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. OPTIVEL VILE PRESIDENT 11111 ☐ Delete 11111 ☐ Change Addition MONAHAN, STEPHEN R NAM NAM KRIPPYW MENAHLU 214 ARROWHEAD ROAD STRULLI ADDRESS STRLET ADDRESS DI WASHINDAM AS ST-AUGUSTINE FL 32086 CITY-ST-7IP CITY-SI-ZIP ST AUGISTIVE FL 3 MISLE OFFICEL ASSISTANT VICE MISLAGUI DHE ☐ Delete TITLE ☐ Change Addition MILEY MOUNTHW NAME THE PRODUCTION AD. SIPPLET ADDRESS STREET ADDRESS CITY ST ZIP ST. AUGUSTINE FL 37646 CEFFICAL POSSITE VELL MESILIANI HILE ☐ Defete HILL ☐ Change **Addition** HELPSY MOUNTAN NAME NAMI STREET ADDRESS Ally recommends WI STREET ADDRESS CITY SI-7IP CITY-ST-ZIP Si. MUDIAVE FL 37016 HILL ☐ Delete 1000 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP ☐ Delete attr ☐ Change Addition HILL NAM NAME STREET ADDRESS SIREET ADDRESS CITY-SI-ZIP CITY-SI-ZIF out ☐ Delete MUE ☐ Change Addition NAM' NAME STREET ADDRESS STREET ADDRESS CHY-51-71P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered. Producer , sect. Melonel 1/31/07 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR いっこう くまない

FILED

Mar 08, 2007 8:00 am