2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

1. Entity Nan	MENT # P01000063 i J. treon, inc.	3129				04-18-200	07 90160	010 ***	150.00
Principal Place 170 KEL-WE DESTIN, FL		Mailing Address 170 KEL-WEN CIRCLE DESTIN, FL 32541		,	400	66717			
	Place of Business - No P.O. Box # ipley Dr #, etc.	3. Mailing Address 1211 Shipley I Suite, Apt. #, etc.	Or		03142007	Chg-P	CR2E034		
City & State Nicevi Zip 32578	Country	City & State Niceville, Fl Zip 32578	Country		4. FEI Numbe 59-3728 5. Certificate	r	П \$ {	Ap	
DESTIN, F	VEN CIRCLE		City Nice	vill	o Box Numbe pley Dri	Address of New R) FL	Zip Code 3257	
signature.	Signature, typed or printed name of registered agent. E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	and title if applicable. (NOTE: R 9. Election Campaign	TREON legistered Agent algred in Financing	ure required \$5.	-	4/12/2		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10. TILE	OFFICERS AND		11. TITLE		ADDITIONS/	CHANGES TO OFFI		IRECTORS	S IN 11
NAME STREET AODRESS CITY-ST-ZIP	TREON, WILLIAM J 170 KEL-WEN CIRCLE DESTIN, FL 32541	_J Derete	NAME STREET ADDRESS CITY-ST-ZIP		1 Shiple eville,			Xonange	XXXIIIOI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREON, WILLIAM J 170 KEL-WEN CIRCLE DESTIN, FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1 Shiple	y Drive Fl 32578	X)	Change	Addition
TITLE NAME — — STREET ADDRESS CITY-ST-ZIP	VP -TREON, MARY ELIZABETH 1 70 KEL-WEN CIR CLE DESTIN, FL 92541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	121 N10	EVILLE	EY DRIVE EL 325		₹Change	Addition
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12. I hereby certify that the information supplied with this fitting 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.

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		_	<i>n</i>	-

SIGNATURE: William I. Treim

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2007 Date

850 -865-1675 Daysme Phone #