


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90034 016 ***150.00

DOCUMENT # P01000084067	
1. Entity Name BILL FERGUSON ENTERPRISES, INC.	

Principal Place of Business 5012 SPRINGHILL DR. PENSACOLA FL 32503	Mailing Address 5012 SPRINGHILL DR. PENSACOLA FL 32503
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2. Principal Place of Business - No P.O. Box # 2201 Valley Escondido Dr. Suite, Apt. #, etc.	3. Mailing Address 2201 Valley Escondido Dr. Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Pensacola, FL	City & State Pensacola, FL
Zip 32526	Country Escambia

4. FEI Number 59-3743243	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERGUSON, WILLIAM C 322 BEVERLY PKWY. PENSACOLA FL 32505	7. Name and Address of New Registered Agent Name Faye B. Ferguson Street Address (P.O. Box Number is Not Acceptable) 2201 Valley Escondido Dr. City Pensacola FL Zip Code 32526
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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 WILLIAM FERGUSON Pres. 4/08/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERGUSON, WILLIAM C		NAME	
STREET ADDRESS 893 STERLING WAY		STREET ADDRESS	
CITY- ST- ZIP PENSACOLA FL 32506		CITY- ST- ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERGUSON, FAYE B		NAME	
STREET ADDRESS 5012 SPRINGHILL DR.		STREET ADDRESS	
CITY- ST- ZIP PENSACOLA FL 32503		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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 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.

SIGNATURE: Faye B. Ferguson Faye B. Ferguson-Vice Pres 4/08/08 1-850-712-8070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #