2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P01000109761 Jan 29, 2007 08:00 AM **Secretary of State** R.G. HENLEY DEVELOPMENT, INC. Principal Place of Business Mailing Address 1220 HENLEY LANE 1220 HENLEY LANE **BAKER FL 32531 BAKER FL 32531** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Numbor 80-0022252 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENLEY, ROYCE G SR. Street Address (P.O. Box Number is Not Acceptable) 1220 HENLEY LANE **BAKER FL 32531** Zip Code City 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida | am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent's ignature required when reinstating) 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 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition 🔲 ша Delete HITE HENLEY, ROYCE G SR. NAME NAME U000000610822 1220 HENLEY LN STREET ADORESS STREET ADDRESS 02/02/07-80036-019 150.00 CITY-ST-7IP **BAKER FL 32531** CHY-SI-ZIP ☐ Change ☐ Delete Addition 11111 1000 HENLEY, MARY ANN NAME NAME 1220 HENLEY LN STREET ADORESS STREET ADDRESS BAKER FL 32531 CITY-ST-ZIP CITY-SI-ZIP HITE ☐ Delete ши ☐ Change Addition NAME NAMI STREET ADORESS STREET ADDRESS C11Y-S1-7IP CHY-SI-ZIP Delete □ Change Addition NAM NAME STREET ADDRESS STREET LADORESS CITY-S1-7iP CHY-ST-7IP HILE Defete ☐ Change Addition NAMI, NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7IP 1111E HILLE Change Addition Defete NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 roport 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 effect 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.

Jan. 22, 2007 (850)882-9545