2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 21, 2008 08:00 A Secretary of State DOCUMENT # P02000022941 1. Entity Name F.H. HILDEBRANDT COMPANY Principal Place of Business Mailing Address 3152 NORTHSIDE DRIVE 3152 NORTHSIDE DRIVE SUITE 200 KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 01-0651051 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 HILDEBRANDT, F H Street Address (P.O. Box Number is Not Acceptable) 3152 NORTHSIDE DRIVE SUITE 200 KEY WEST FL 33040 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 Signature, typed or printed hame of registered agent and at 6 if applicable. (NOTE Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change. Addition U00000911634 NAME HILDEBRANDT, FRED NAME 3152 NORTHSIDE DRIVE 05/07/08-80048-017 150.00 STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP TITLE Dalete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TTLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes I further certify that the information indicated on this report or suppliemental 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.

FH HILDEBRANDT