2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED ... DOCUMENT # P02000041653 ... Feb 02, 2007 08:00 AM 1. Entity Namo **Secretary of State** LAW OFFICE OF J.J. DAHL, P.A. Principal Place of Business Mailing Address 1001 EAST AVENUE 1001 EAST AVENUE CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 30-0083494 Not Applicable Zip 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 DAHL, J.J. 1001 EAST AVE Street Address (P.O. Box Number is Not Acceptable) CLERMONT FL 34711 City Zio 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 name of registered agent and title if applicable (NOTE Registered Agent signature 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. D HIL ☐ Delete HILE ☐ Change Addition U000000618728 DAHL, J.J. MANE NAMI 02/08/07-80040-020 150.00 1001 EAST AVENUE STREET ADDRESS SIRLE LANDRESS CLERMONT FL 34711 CITY-ST-7IP CITY ST-7IP Defeie Change ☐ Addition ШЦ BILE NAME NAME STREET ADORESS STREET ADDRESS CHY SI-JIP CHY SI-ZIP Change THEF Delete HILE Addition NAM NAM! STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP Addition HHE ☐ Delete THE ☐ Change AUAM NAME STREET ADDRESS STREET ADDRESS CITY SI ZIP CRY ST-ZIP Change Addition III ☐ Delete HB NAME NAMI STREET ADDRESS STREET ADDRESS CRY-SI-ZIP CHY-SE ZIP THE ☐ Delete THILE Change ` 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-SI-78P 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or true empeyeded to if changed, or on an affactment with all of the corporations with all of the corporations. does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information ocurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director execute this report as required by Charler 697. Florida Statutes; and that my name appears in Block 10 or Block 11 empowered. SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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