## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

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1. Entity Nan	MENT # P0200009					7 90327 019 ***150	
Principal Plac	ce of Business	Mailing Address			1006383	32	
2505 MEEK	STREET	2505 MEEK STREET	*		4000000		
	ZE, FL 32563		GULF BREEZE, FL 32563				
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2 Oringinal C	Place of Business - No P.O. Box #	2 Maillan Address					
z. Philopara	Flace Of Business - NO P.O. Box #	3. Walling Address	3. Mailing Address			<b>                                    </b>	
Suite, Apt.	. #, etc.	Suite, Apt #, etc.	State Apt # etc				
			Conta, ript or, orc.		Chg-P	CR2E034 (12/06)	
City & Star	te	City & State	City & State			A	pplied For
				37-1441	517	N	ot Applicable
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	□ \$8.75 Ad	
	6 Name and Address of Course	4 B				Fee Require	∍d —————
ļ	6. Name and Address of Curren	t Registered Agent	Name	/. Name and /	Address of New	Registered Agent	
ROGERS,	. BEN W						
2505 MEE	K STREET	Street A	iddress (P.O. Box Number	is Not Acceptat	ole)		
GULF BRI	EEZE, FL 32563						
			City			FL Zip Coo	te
8. The above	e named entity submits this statement f	or the purpose of changing i	ts registered office of	r registered agent, or both	. in the State of F	Florida. Lam familiar with	and accept
the obliga	itions of registered agent			3			
SIGNATURE.							
Didital dit.	Signature, types or printed name of registered agen	n; and little if applicable (110	CE Registered Agent signat	ture reduined when reinstating)		DATE	
FIL	E NOW!!! FEE IS \$150.00	9. Election Camp Trust Fund Cor		<b>\$5.00</b> May Be			
ATTOF M	ay 1, 2007 Fee will be \$550.	.00 mstrondeo	attibution (	Added to Fees			
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTOR	IS IN 11
TITLE	CEO	☐ Delete	TITLE			Charige	Addition
NAME	ROGERS, BEN W		NAME				
STREET ADDRESS CITY-ST-ZIP	2505 MEEK STREET		STREET ANDRESS				
	GULF BREEZE, FL 32563		CiTY ST-ZiP				
TITLE	ROGERS, SHERRY H	☐ Delete	TITLE			Change	Addition
STREET ADDRESS	2505 MEEK STREET		name Street address				
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP				
THILE	s	Detete	TITLE			Change	Addit en
NAME	ALLEN, KELLY	1 District	NAME	1869 Bay	Oake (	to change	AGE-FUL
STREET ADDRESS	3220 BIRDSEYE CIR		STREET ADDRESS				
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-S1-ZIP	Milton, FL	ু ১৯৬৪	3	
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME ,			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
<del> </del>			CITY-ST-ZIP				
NAME		☐ Delete	TULE			☐ Change	Addition
STREET ADDRESS			NAMI STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-7IP				

12. Thereby certify that the information supplied with this filing 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.

CITY-ST-ZIP

STREET ADDRESS

CITY \$1-ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4 12 07 Date

Change

Addition