2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

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SIGNATURE:

Mar 01, 2006 8:00 am **Secretary of State DOCUMENT # P03000000159** 03-01-2006 90013 011 ***150 00 FOOD FOR THOUGHT OF HIGHLANDS COUNTY, INC. Principal Place of Business Mailing Address **4664 RACHAEL DRIVE 4664 RACHAEL DRIVE** SEBRING, FL 33872 SEBRING, FL 33872 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 01182008 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 57-1146079 Not Applicable Zlp Country ZIp 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 SNAPP, DONALD R JR. Street Address (P.O. Box Number Is Not Acceptable) 4664 RACHAEL DRIVE SEBRING, FL 33872 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SNAPP, DONALD R JR. NAME NAME 4884 RACHAEL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33872 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SNAPP, BARBARA NAME NAME STREET ADDRESS 4864 RACHAEL DRIVE STREET AODRESS CITY-ST-ZIP SEBRING, FL 33872 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition Sean Snapp NAME STREET ADDRESS 4417 Rachael Dr. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sebring, FL 33872 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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