2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) Feb 06, 2007 8:00 am DOCUMENT # P03000033334 **Secretary of State** 02-06-2007 90012 040 ***150.00 RICHARD O. WOLKIND, INC. Principal Place of Business Mailing Address 3146 BROOKER CREEK WAY 3146 BROOKER CREEK WAY PALM HARBOR FL 34685 PALM HARBOR FL 34685 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 4. FEI Number City & State Applied For 45-0506044 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WOLKIND, RICHARD O Street Address (P.O. Box Number is Not Acceptable) 3146 BROOKER CREEK WAY PALM HARBOR FL 34685 City Zip Code FL 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. | am familiar with, and accept the obligations of registered agent. SIGNATURE (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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D / PRES WOLKIND, RICHARD O HILL Delete THILL ☐ Change Addition NAMI NAM 3146 BROOKER CREEK WAY STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CHY SI-7|P CHY ST ZIP Delete THIE Change Addition SUNET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY SE-ZIP 0711 Delete THIL Change Addition NAMI NAME STREET ADDRESS STEELE LADDRESS CITY-ST-7IP CITY ST ZIP Delete Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY SI ZIP CHY SUZIP 11111 ☐ Delete Change ■ Addition NAMI NAME STRUET ADDRESS STREET LADDRESS CHY ST ZIP CHY ST 7IP

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12. 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 report 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 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.

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NAME

STREET ADDRESS

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SIGNATURE: / MULL - RICHARD O. WOLKIND, PRES 1/28/07 (727)789-0710

SIGNATURE: Date Doyling Priorie !