2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P03000047714 Feb 09, 2007 08:00 AM **Secretary of State** LINGERS AUCTION & GIFT, INC. Principal Place of Business Mailing Address 201 ST. JOHNS AVE P.O. BOX 120 PALATKA FL 32177 US **GEORGETOWN FL 32139** 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 06-1699204 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 MILLER, GERALD W Stroot Address (P.O. Box Number is Not Acceptable) 116 N. LAKE GEORGE DRIVE **GEORGETOWN FL 32139** Zip Code FI 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 little r applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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. THE ☐ Delete TITLE ☐ Change MILLER, GERALD W NAME NAME U000000629240 116 N LAKE GEORGE DR STREET ADDRESS STREET ADDRESS 02/16/07-30048-021 150.00 CITY-ST-ZIP **GEORGETOWN FL 32139** CITY-ST-ZIP TITLE ☐ Change ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete IIIŒ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ШЩ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-ST-ZIP 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.

SIGNATURE: Lead W. W. D. GERALD W. LILLER 2-7-07 386-457-8354