## 2007 FOR PROFIT CORPORATION\_

## Feb 08. 2007 08:00 A tate

Daytime Phone #

	ANNUAL	REPORT			T, Cr	7 00, <b>2</b> 00 /	00.
	MENT # P030000714				Secretary (	of St	
1. Entity Nan C.W. BUI	<sup>ne</sup> ILDERS & ASSOCIATES, INC						
0.00.		•		9			
Principal Plac	ce of Business	Mailing Address	1				
P.O. BOX 98		P.O. BOX 9869					
LIEMING 191	AND, FL 32006	FLEMING ISLAND, FL 32006				M 68)(( 1888) (18)) Atalik 2(()) (68)66)	11.4881
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· Bleef	JO NOT WITH		<b>-</b>	4. FEI Numb 42-159		Applie Not Ap	pplicable
	it is a second of the second o			5. Certificate	of Status Desired	\$8.75 Addition Fee Required	nal
	6. Name and Address of Current Re	gistered Agent			,		-
	CLYDE W III			חח	NOT W	DITE: 1 MAN	Sits o
2363 STONEY GLEN DRIVE ORANGE PARK, FL 32003				•		. >	
				IN.	THIS SP	ACE	
							. "
	e named entity submits this statement for th tions of registered agent.	e purpose of changing its register	ed office or regis	tered agent, or bo	th, in the State of Flo	rida. I am familiar with, and	accept
SIGNATURE.					<u> </u>		
•	Signature, typed or printed name of registered agent and	ibe if appacable (NOTE: Hegistere	d Agent signature requ	red when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be dded to Fees			
10. TITLE	OFFICERS AND DIF	ECTORS	- : : :	19, 19 mm	or the Hardin		3 334
NAME	WALKER, KIMBERLY W					*	
STREET ADDRESS CITY-ST-ZIP	2363 STONEY GLEN DRIVE ORANGE PARK, FL 32006			1	Lineacon		
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NAME STREET ADDRESS	WALKER, CLYDE W 2363 STONEY GLEN DR					The state of the state of	
CITY-ST-ZIP	FLEMING ISLAND, FL 32006		1	» »;	,		1
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12. I hereby 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.

w. Wolh HOLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE: