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## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 16, 2007 8:00 am Secretary of State 05-16-2007 90157 001 \*\*\*150.00 DOCUMENT # P03000117404 05-16-2007 90157 002 \*\*\*\*\*8.75 1. Entity Name DOYAL VANDIVER, INC. 66015177 Principal Place of Business Mailing Address 213 ARBUCKLE CREEK RD PO BOX 132 LORIDA, FL 33857 LORIDA, FL 33857 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2/3 ARBWCKLG CREKPD Suite, Apt. #, etc. Suite, Apt. #, etc. 05072007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 55-0851865 Not Applicable Zin 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 VANDIVER, DOYAL Street Address (P.O. Box Number is Not Acceptable) 213 ARBUCKLE CREEK ROAD **PO BOX 132** LORIDA, FL 33857 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 NER w (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE . ☐ Delete TITLE Change ☐ Addition NAME 🦪 VANDIVER, DOYAL NAME STREET ADDRESS 213 ARBUCKLE CREEK RD STREET ADDRESS CITY-ST-ZIP LORIDA, FL 33857 CITY-ST-ZIP TITI E Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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. Thereby 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 changed, or on an attachment with an address with all other like expowered.

FILED