2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED Apr 30, 2007 08:00 Al Secretary of State DOCUMENT # P03000121240 1. Entity Name GEORGE PRIOR & COMPANY, INC. Principal Place of Business Mailing Address 7437 FACULTY DR. 7437 FACULTY DR. ORLANDO FL 32807 ORLANDO FL 32807 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 59-1590619 Not Applicable Zip Zip Country 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 PRIOR, GEORGE E Street Address (P.O. Box Number is Not Acceptable) 7437 FACULTY DR. ORLANDO FL 32807 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable DATE 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. IIILE Delete ши Change Addition PRIOR, GEORGE E NAME NAMI 7437 FACULTY DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 CHY-S1-ZIP CHY-SI-7P VP ☐ Delete Change Addition ILILE PRIOR, ANGELA M NAME NAMÉ 2792 LAKEFERN AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL 32822 CITY - ST- ZIP CHY+SI-ZIP HILE Delete BILL Change Addition NAMI² NAMI STREET ADDRESS SIRLET ADDRESS CHY-ST-ZIP CITY+SI-ZIP Delete HIII Change Addition TITLE 000000740250 NAME NAME 05/14/07-80059-012 150.00 STREET LADDRESS STREET ADDRESS CHY-St-ZIP CITY-ST-7IP Delete Change Addition DITLE HITE NAME NAME STREET ADDRESS SIREL LADDRESS CITY-ST-702 CITY-ST-ZIP ☐ Delete ☐ Change UNF ш Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CiTY-SI-ZIP 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 use the 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.

4/25/17 407.13/649