2004 FOR PROFIT CORPORATION

FILED Mar 22, 2004 8:00 am Secretary of State 03-09-2004 90053 005 ***150.00

	MENT # P0300012	8252			· ·	05 05 200	7120033	,05	150.00
1. Entity Name PHANNO	e N G. O'BANNON, INC.								
J					l				
In the same		Marken Address		-	l	00201	400		
Principal Place	Meiling Address 1510 HYACINTH AVEN								
F 1510 HYACINTH AVENUE Sebring, Fl 3387 5 .		SEBRING, FL 33875			1	'		+	
•				• •	4 1201100(3)	 		K304 E1H1 91H	83 1 1931
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02272004	Chg-P	CR2E034	(10/03)	
City & State		City & State			4. FEI Numb	50 TE	7		plied For Applicable
Zip	Country	Ζip	Country		5. Certificate	s of Status Desired		8.75 Addi e Required	
6. Name and Address of Current Registered Agent				Name :	7. Name and	d Address of New F	Registered Ag	ent	
-O'BANNON, PHANNON G				Name-					
1510 HYACINTH AVENUE				Street Address	(P.O. Box Numb	per is Not Acceptable	e)		
SEBRING, FL 33875									
				City			FL	Zip Code	,
S. The chara	named entity submits this statement	for the number of channies i	la raciator	ad office or registe	rad spant or b	oth in the State of F		niliae with	and accept
	ions of registered agent.	trui the purpose or changing i	ia register	an ourse or regule	acci agent, or th	odi, er dio oldici or i	ones. Tem G	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	una sacapt
SIGNATURE_									
SIGNATORE	Signature, hyped or printed name of registered ag-	ent and title if applicable. (NC	OTE: Registere	d Agent signalure require	d when reinstating)		DATE.		
		9. Election Camp	sainn Finar	ncina C S	5.00 May Be	i			
	E NOWIII FEE IS \$150.00 by 1, 2004 Fee will be \$550	17 = (= 1, =)			ded to Fees	j			
10.	OFFICERS AN	ND DIRECTORS	T 11.		ADDITIONS	L S/CHANGES TO OF	FICERS AND D	PRECTORS	S.IN 11
TITLE	P	☐ Delete	IMI	F.	•		[Change	☐ Addition
NAME STREET ADDRESS	O'BANNON, PHANNON G NAN 1510 HYACINTH AVENUE STR			EET ADDRESS					
CITY-ST-ZIP	SEBRING, FL 3387			-ST-ZIP					
ITTLE	14. 1	☐ Delete	IIIL	E			[Change	Addition
NAME			NAM	RE EET ADDRESS					
STREET ADDRESS				-ST-ZIP					
THE		☐ Delicte	TAL	E				Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP	* ***			EET ADORESS (-SY-ZIP **	• •				
IITLE		☐ Defeté	THTL				=	☐ Change	☐ Addition
NAME			NAN				,		
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		Ω		r-ST-ZIP	.	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE NAME		Deleta	111L NAA						C) wellow
STREET ADORESS			STR	EET ADDRESS					
CHY-ST-ZIP				Y-ST-ZIP					
TITLE		Delete	TITE				!	Change	Addition
STREET ADDRESS				EET ADURESS					
CITY-ST-ZIP				Y-ST-ZIP					
12. I hereby indicated of the co	certify that the information supplied of on this report or supplemental report or supplemental report for the receiver or knotter of the receiver or knotter of the receiver o	with this filing does not quality it is true and accurate and the impowered to execute this reposes, with all other #Reampowers	for the exc at my signs ort as requ	emption stated in S ature shall have the iired by Chapter 60	Section 119.07(3 a same legal effo 07, Florida Statu	B)(i), Florida Statutes ect as if made unde ites; and that my nai	i. I further certif r cath; that I an me appears in	y that the in n an officer Block 10 o	nformation or director r Block 11 if
		LO, DI OLI CI NO GITTO WELL	2/		INC.	[.] a			
SIGNAT	TURE: Yhou	ma je			<u> </u>	13104	863-3	<u> </u>	W JU