

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State



DOCUMENT # P03000134608

1. Entity Name
3402 EAST BRAINERD ST. CORPORATION

Principal Place of Business
**30 SOUTH SPRING STREET
 PENSACOLA FL 32501**

Mailing Address
**30 SOUTH SPRING STREET
 PENSACOLA FL 32501**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E034 (10/06)

4. FEI Number **56-2416118**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDON, A G
 30 SOUTH SPRING STREET
 PENSACOLA FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

D
CONDON, ROBERT P
25 WEST CEDAR ST., SUITE 430
PENSACOLA FL 32501

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

U00000745419
05/16/07-80029-001 150.00

TITLE Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

D
CONDON, A G JR.
30 SOUTH SPRING STREET
PENSACOLA FL 32501

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY- 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 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.

SIGNATURE *[Signature]* **A. G. Condon** 4/30/07 850-433-6581