2007 FOR PROFIT CURPORATION ANNUAL REPORT

FILED May 17, 2007 8:00 am Secretary of State

DOCU 1. Entity Nar RANDAL				05-17-20	07 90040	0 016 ***	150.00			
Principal Place 9515-A HOL PENSACOLA		Mailing Address 9515-A HOLSBERRY RC PENSACOLA, FL 32534			40	115735				
2. Principal F		3. Mailing Address 1916 F. Nume Suite, Apt. #, etc. She C.	Mile A	bd	01122007	Chg-P		34 (12/06)		
City & Stat		City & State	<u></u> ;		4. FEI Numbe			<u> </u>	oplied For	
Ye∩÷a Zip	Country	<u>'Yensarola</u>	Country		56-2418			\$8.75 Add	ot Applicable	
3253	٧ ١	32534			5. Certificate	of Status Desired		Fee Require		
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New R	egistered /	Agent		
KING, RANDALL L 9515 A HALSBERRY RD PENSACOLA, FL 32504				Street Address (P.O. Box Number is Not Acceptable)						
					rda	•	FL	Zin Cod	334	
signature_	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent agent agent agent.	nd title if applicable (NOTE:	Registered Agent signa	iture required	when reinstating)	, in the dide of the	5-/	-07		
	ay 1, 2007 Fee will be \$550.0	Trust Fund Contri	bution. []	J Adde	ed to Fees					
10.	OFFICERS AND I		11.	T-77	ADDITIONS/	CHANGES TO OFF	ICERS AND		S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, RANDALL L 9515-A HOLSBERRY RD PENSACOLA, FL 32534	☐ Delete	NAME STREET ADDRESS CITY+ST-ZIP	3013		IIL Hopher SL FL 32534		(A) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, DUSTIN T 1134 ST CATHERINE AVE CHRISTMAS, FL 32759	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	845		T 311 Woods D FL 32514	s C	(X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cha Cha	ector mpagne is handal	Natalie Woods b 32514	Ç.E	☐ Change	Addition	
title Name Street adoress City-St-Zip		Delete	TITLE HAME STREET ADDRESS CITY-SI-ZIP		. 1000			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	noilibbA 🗌	
TITLE NAME STREET ADORESS : CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP					☐ Change	Addition	
indicated	sertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emony.	rue and accurate and that my	signature shall h	ave the sa	ame legal effect	as if made under o	ath; that I a	m an officer	or director	