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

SIGNATURE:

## Apr 19, 2007 8:00 am Secretary of State **DOCUMENT # P04000012769** 04-19-2007 90190 047 \*\*\*150.00 1. Entity Name **DAVLIN CONSTRUCTION & DEVELOPMENT** ENTERPRISES, INC Principal Place of Business Mailing Address 400000-P.O. BOX 1798 P.O. BOX 1798 SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 151 Regions Wayste 20 Suite, Apt, #, etc. 04122007 Chg-P CR2E034 (12/06) Destin, 4. EEI Number Applied For City & State 20-0603291 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name SPRADLIN, DAVID B Street Address (P.O. Box Number is Not Acceptable) 151 REGIONS WAY SUITE 2C DESTIN, FL 32541 City Zip Code FL 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, typod or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ■ Addition SPRADLIN, DAVID B NAME NAME STREET ADDRESS 151 REGIONS WAY SWHOZC STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP Spradlin, David B. 151 Regions Way, Suite 2C Destin, FL 32541 Delete TITLE 🔀 Change TITLE ☐ Addition SPRADLIN, SANDRA C NAME STREET ADDRESS 151 REGIONS WAY STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP Spradlin, David B. 1 151 Resigna Way, Suite ZC SEC Delete TITLE Change ☐ Addition SPRADLIN, DAVID W NAME NAME Destin, FL 32541 STREET ADDRESS 151 REGIONS WAY STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP ☐ 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 12. I hereby certify that the information supplied with this filing 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 empowered.

4-17-07

FILED