2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # P04000018810 04-13-2007 90180 020 ***150.00 1. Entity Name PROMINENCE REALTY, INC. Principal Place of Business Mailing Address 12889 EMERALD COAST PARKWAY 4000010. 12889 EMERALD COAST PARKWAY SUITE 111-A SUITE 111-A DESTIN, FL 32550 DESTIN, FL 32550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6910 BCR 30A LOGIDE CR 30A Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. FEL Number Prominence Prominence FL Not Applicable 20-0740337 Zip Country \$8.75 Additional 5. Certificate of Status Desired 32412 usaFee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thomas BJr HENRY, THOMAS B JR. O. Box Number is Not Acceptable) 12889 EMERALD COAST PARKWAY SUITE 111-A DESTIN, FL 32550 Frominence 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 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Addition TITLE Change TITLE Henry, Thomas BJr. NAME HENRY, THOMAS B JR. NAME STREET ADDRESS 12889 EMERALD COAST PARKWAY, SUITE 111-A STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32550 CITY-ST-ZIP Promunence FL 32413 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 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 CITY-ST-7IP TITLE ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 charged, or on an attachment with an address, with all other like empowered. 850-231-7942 **SIGNATURE** TURE AND TYPED OR PRINTED NAME OF SIGNING OF

FR OR DIRECTOR

FILED

Daytime Phone #