



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90035 015 \*\*\*150.00

|  |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
|--|--|--|---|--|--|-------|---|---------------------------------|------|-------------------------|--|----------------|-------------------------------|--|-------------|------------------------------|--|-------|---|---------------------------------|------|--------------------------|--|----------------|-------------------------------|--|-------------|------------------------------|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|------|----------------------------|----------------|------------------------------|-------------|------------------------------|-------|--|------|----------------------------|----------------|------------------------------|-------------|------------------------------|-------|---|------|--|----------------|--|-------------|--|-------|---|------|--|----------------|--|-------------|--|-------|---|------|--|----------------|--|-------------|--|
| <b>DOCUMENT # P04000031407</b><br>1. Entity Name<br><b>MACLEOD TILE CONTRACTING INC.</b>   |  |  |   |   |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| Principal Place of Business<br><b>5762 SPRINGHAVEN DRIVE<br/>ORANGE PARK, FL 32065</b>   |  |  | Mailing Address<br><b>5762 SPRINGHAVEN DRIVE<br/>ORANGE PARK, FL 32065</b>  |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1177 Plainfield AVE</b>   |  | 3. Mailing Address<br><b>1177 Plainfield AVE</b> |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>                          |   | 01082008    Chg-P    CR2E034 (12/06)   |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| City & State<br><b>Orange Park, FL</b>   |  | City & State<br><b>Orange Park FL</b>            |   | 4. FEI Number<br><b>56-2436827</b>   |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| Zip<br><b>32073</b>  |  | Country<br><b>USA</b>                            |   | Applied For<br><input type="checkbox"/> Not Applicable                             |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>            |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MACLEOD, MRS. EVELYN E.<br/>5762 SPRING HAVEN DRIVE<br/>ORANGE PARK, FL 32065</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Evelyn MacLeod</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1177 Plainfield AVE</b><br>City <b>Orange Park</b> <b>FL</b> Zip Code <b>32073</b> |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| 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.<br>SIGNATURE <b>Evelyn MacLeod</b> DATE <b>4/6/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>MACLEOD, CRAIG S</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>5762 SPRINGHAVEN DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ORANGE PARK, FL 32065</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>MACLEOD, EVELYN E</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>5762 SPRINGHAVEN DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ORANGE PARK, FL 32065</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Change <input checked="" type="checkbox"/>    Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>1177 Plainfield AVE</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Orange Park, FL 32073</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Orange Park, FL 32073</b></td> </tr> <tr> <td>TITLE</td> <td>Change <input checked="" type="checkbox"/>    Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>1177 Plainfield AVE</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Orange Park, FL 32073</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Orange Park, FL 32073</b></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/>    Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/>    Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/>    Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div> |  |  |   |  |  | TITLE | D | <input type="checkbox"/> Delete | NAME | <b>MACLEOD, CRAIG S</b> |  | STREET ADDRESS | <b>5762 SPRINGHAVEN DRIVE</b> |  | CITY-ST-ZIP | <b>ORANGE PARK, FL 32065</b> |  | TITLE | D | <input type="checkbox"/> Delete | NAME | <b>MACLEOD, EVELYN E</b> |  | STREET ADDRESS | <b>5762 SPRINGHAVEN DRIVE</b> |  | CITY-ST-ZIP | <b>ORANGE PARK, FL 32065</b> |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | NAME | <b>1177 Plainfield AVE</b> | STREET ADDRESS | <b>Orange Park, FL 32073</b> | CITY-ST-ZIP | <b>Orange Park, FL 32073</b> | TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | NAME | <b>1177 Plainfield AVE</b> | STREET ADDRESS | <b>Orange Park, FL 32073</b> | CITY-ST-ZIP | <b>Orange Park, FL 32073</b> | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  |
| TITLE  | D  | <input type="checkbox"/> Delete                  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| NAME   | <b>MACLEOD, CRAIG S</b>  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| STREET ADDRESS   | <b>5762 SPRINGHAVEN DRIVE</b>  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| CITY-ST-ZIP  | <b>ORANGE PARK, FL 32065</b>   |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| TITLE  | D  | <input type="checkbox"/> Delete                  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| NAME   | <b>MACLEOD, EVELYN E</b>   |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| STREET ADDRESS   | <b>5762 SPRINGHAVEN DRIVE</b>  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| CITY-ST-ZIP  | <b>ORANGE PARK, FL 32065</b>   |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| TITLE  |  | <input type="checkbox"/> Delete                  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| NAME   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| STREET ADDRESS   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| CITY-ST-ZIP  |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| TITLE  |  | <input type="checkbox"/> Delete                  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| NAME   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| STREET ADDRESS   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| CITY-ST-ZIP  |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| TITLE  |  | <input type="checkbox"/> Delete                  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| NAME   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| STREET ADDRESS   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| CITY-ST-ZIP  |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| TITLE  | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| NAME   | <b>1177 Plainfield AVE</b>   |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| STREET ADDRESS   | <b>Orange Park, FL 32073</b>   |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| CITY-ST-ZIP  | <b>Orange Park, FL 32073</b>   |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| TITLE  | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| NAME   | <b>1177 Plainfield AVE</b>   |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| STREET ADDRESS   | <b>Orange Park, FL 32073</b>   |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| CITY-ST-ZIP  | <b>Orange Park, FL 32073</b>   |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| TITLE  | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| NAME   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| STREET ADDRESS   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| CITY-ST-ZIP  |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| TITLE  | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| NAME   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| STREET ADDRESS   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| CITY-ST-ZIP  |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| TITLE  | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| NAME   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |
| 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.<br><b>SIGNATURE: Evelyn MacLeod</b> <b>4/6/08</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>   |  |  |   |  |  |       |   |                                 |      |                         |  |                |                               |  |             |                              |  |       |   |                                 |      |                          |  |                |                               |  |             |                              |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |      |                            |                |                              |             |                              |       |  |      |                            |                |                              |             |                              |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |       |   |      |  |                |  |             |  |