2007 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business 830-13 HYW A1A N 381 PONTE VEDRA BEACH, FL 32082 US ANNUAL REPORT Mailing Address 830-13 HYW A1A N 381 PONTE VEDRA BEACH, FL 32082 US

FILED Apr 19, 2007 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DRAUGHON, RICHARD S 830-13 HWY A1A NORTH 381 PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

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the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	id office or r	egistered agent, or both,	, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Registered	l Agent signature	required when reinstating)	· DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDANIEL, LYNN 8040 WHISPER LAKE LANE W PONTE VEDRA BEACH, FL 32082 **	en e		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000717554 04/30/07-80052-013 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Florida Statutos I further cartify that the information	

12. I nereby certify that the information supplied with this fling 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.

SIGNATURE:

STATUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-860-5301