2007 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
May 03, 2007 08:00 A ate

Name	1. Entity Nam	MEN I # P040009			Secretary of St					
CRAWFORDVILLE, FL 32327	Principal Plac	e of Business	Mailing Address			-				
Suito, ApiL # arc.				CRAWFORDVILLE, FL 32327						
City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	,						
Zp	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03272007	Chg-P	CR2E03	4 (12/06)	
Supplication Supp	City & Stat	9	City & State			I				
Name	Zip	Country	Zip	Zip Country		5 Certificate of Status Desired S8.75 Additional				
RICHARD A. GLOVER, C.P.A., P.A. 1809 MICCOSUKEE COMMONS DRIVE, 32308		6. Name and Address of Curren	<u> </u>	·						
Section Address E. P. O. Box Number is Not Accomplable Strict Address E. P. O. Box Number is Not Accomplable				Nam	е					
City	1809 MICC	COSUKEE COMMONS DRIVE	E, SUITE 108	SUITE 108 Street Add		(P.O. Box Numb	er is Not Acceptab	e)	***************************************	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am termillar with, and accept the obligations of registered agent. SignAture										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations or registered agent. Committee Committ				City				FL	Zip Code	9
NATION Part	the obligat		or the purpose of changing its	s registered office	e or register	red agent, or bo	oth, in the State of Fl	orida. I am fa	miliar with.	and accept
After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS	SIGNATURE_	Signatiule, typed or printed name of registered agen	at and title il applicable. (NO	TE: Registered Agent s	gnature required	d when reinstating)		DATE	***************************************	
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12. Thereby 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	12. hereby o	certify that the information supplied wit	n this filing does not qualify f	or the exemption	s contained	d in Chapter 119	9, Florida Statutes.	I further certify	that the ir	formation