2007 FOR PROFIT CORPORATION FILED ANNUAL REPORT Apr 11, 2007 08:00 A Secretary of State DOCUMENT # P04000114605 1. Entity Name PRESTWICK 12, INC. Mailing Address Principal Place of Business 107 NE 4TH ST 107 NE 4TH ST CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 No Chg-P CR2E034 (11/05) 04102007 DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1482229 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KITCHEN, RONALD E JR. DO NOT WRITE **107 NE 4TH STREET** CRYSTAL RIVER, FL 34429 IN THIS SPACE 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.

(NOTE; Registered Agent signature required when remetating)

PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Bo Added to Fees

> U00000699975 04/19/07-80066-001 150.00

Applied For Not Applicable

DO NOT WRITE

IN THIS SPACE

TITLE	VD
NAME	BROWN, CINDY
STREET ADDRESS	70 BAYWOOD DRIVE
CITY-ST-ZEP	BLUFFTON, SC 29910
TITLE	Ρ,
NAME	LAGREE, TERRILL A
STREET ADDRESS	3631 N. MÓSS CREEK POINT
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	VD
HAME	WHITE, W. DOUGLAS
STREET ADDRESS	505 HUMPHRIES
CITY-ST-ZEP	SAFETY HARBOR, FL 34695
TITLE	VO
	WHEARY, TOM M
NAME	THE PART, TOWN W
STREET ADDRESS	,
	,
STREET ADDRESS	3814 SERENADE LANE
STREET ADDRESS CITY-ST-ZIP	3814 SERENADE LANE LAKELAND, FL 33811
STREET ADDRESS CITY-ST-ZEP TITLE	3814 SERENADE LANE LAKELAND, FL 33811 D/ST KITCHEN, RONALD E JR.
STREET ADDRESS CITY-ST-ZIP TITLE NAME	3814 SERENADE LANE LAKELAND, FL 33811 D/ST KITCHEN, RONALD E JR.
STREET ADORESS CITY-SI-ZEP TITLE NAME STREET ADORESS	3814 SERENADE LANE LAKELAND, FL 33811 D/ST KITCHEN, RONALD E JR. 220 S.E. 2ND PL
STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP	3814 SERENADE LANE LAKELAND, FL 33811 D/ST KITCHEN, RONALD E JR. 220 S.E. 2ND PL
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Signature, broad or printed name of requirered agent and title if applicable.

OFFICERS AND DIRECTORS

12. I hereby certify that the information supplied with this filling 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: _