2006 FOR PROFIT CORPORATION

Apr 13, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000125915 04-13-2006 90309 040 ***150.00 FLEMING ISLAND ENTERPRISES, INC. Principal Place of Business Mailing Address 2354 LAVISTA LAND 2354 LAVISTA LAND ORANGE PARK, FL 32003-7745 ORANGE PARK, FL 32003-7745 3. Mailing Address 2. Principal Place of Business 2354 La Vista In 2354 La Vista Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FEI Number 20-1593536 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Oermann Timothy Street Address (P.O. Box Nymber is Not Acceptable) 235-4 La Vista L CAPLAN, HOWARD A ESQ 6260 DUPONT STATION COURT SUITE C JACKSONVILLE, FL 32217 City Orange Park Zip Code 32003-774 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. mothy 4-6.06 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE D TITLE Pres ☐ Change Addition Delete Dermann, Timothy A 2354 La Vista Ln Orange Park, FL OERMANN, ERVIN R NAME NAME 2354 LAVISTA LAND STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 320037745 CITY-ST-7IP CITY-ST-ZIP 32003-7745 TITLE ☐ Change TITLE ☐ Detete ☐ 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

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.

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

TITLE

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SIGNATURE:

STREET ADDRESS

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H-6-06 Date

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