2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025850

Address:

1008 PARK AVENUE

City-St-Zip: ORANGE PARK, FL 32073 US

FILED Apr 13, 2007 Secretary of State

| Entity Nan | ne: DEL MAR F | PACIFIC SEASONS, INC. | | |
|---|--|------------------------------|--|--|
| Current Pi | rincipal Place o | f Business: | New Principal Place | of Business: |
| 1008 PARK ORANGE F | KAVENUE PARK, FL 32073 | 3 US | | |
| Current M | ailing Address | : | New Mailing Address | s: |
| 1008 PARK ORANGE K | KAVENUE PARK, FL 32073 | 3 US | 2705 GRAND AVENU JACKSONVILLE, FL 3 | |
| FEI Number: | 20-2394383 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | Address of Cu | rrent Registered Agent: | Name and Address o | of New Registered Agent: |
| ONE INDE SUITE 120 | PENDENT DRIN | | CONTEGA BUSINES ONE INDEPENDENT SUITE 1200 JACKSONVILLE, FL 3 | DRIVE |
| The above in the State | | bmits this statement for the | purpose of changing its registere | d office or registered agent, or both, |
| SIGNATUR | RE: CHRISTIAN | I M. COX, VP | | 04/13/2007 |
| | Electronic | Signature of Registered Ag | ent | Date |
| Election Can | npaign Financing 1 | rust Fund Contribution (). | | |
| OFFICERS | S AND DIRECTO | ORS: | ADDITIONS/CHANGI | ES TO OFFICERS AND DIRECTORS: |
| Title: Name: Address: City-St-Zip: | PTD () D MCAFEE, ROBER 1008 PARK AVEN ORANGE PARK, F | T S UE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | VPSD () D MCAFEE, ANN C 1008 PARK AVEN ORANGE PARK, F | UE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | VPD () D MCAFEE, MATTH 1008 PARK AVEN ORANGE PARK, F | EW S UE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | VPD () D MCAFEE, MICHAI 1008 PARK AVEN ORANGE PARK, I | EL A UE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | VPD ()D | | Title: Name: | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

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