2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2007 8:00 am **Secretary of State** DOCUMENT # P05000062811 02-20-2007 90050 035 ***150.00 SETCO FLORIDA HOLDINGS I. INC. Principal Place of Business Mailing Address 11714 EMERALD COAST PKWY 11714 EMERALD COAST PKWY SUITE 5 MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 12815 Emerald Coast Play 12815 Emerald Coast Pkw Suite, Apt. #, etc CR2E034 (12/06) 02142007 Str 124 Ste City & State City & State 4. FEI Number Applied For Myramar Bran Miramar Beach 20-2758379 Not Applicable Zip Zip \$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 Brannon 6-eurce BRANNON, GEORGE T SR. eet Address (P.O. Box Number is Not Acceptable) 2813 Emerala (USS) 11714 EMERALD COAST PKWY SUITE 5 MIRAMAR BEACH, FL 32550 Miramar bach 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 reorge 7. BRANDON, So. 8-17-07 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE —☐ Change ☐ Addition NAME BRANNON, GEORGE T SR. NAME 11714 EMERALD COAST PKWY, SUITE 5 12015 Emerald wast PKWY Ste 124 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR BEACH, FL 32550 CITY-ST-ZIP Miramar Beach TITLE ☐ Delete TITLE ☐ Change ☐ 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-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 air other like empowered. 8-07-07 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED

Daytime Phone #