2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2007 8:00 am Secretary of State

ANNOAL REPORT							Secretary or State				
DOCUMENT # P05000101846 1. Entity Name R.W. PEVY INC.								01-31-2007	-		
Principal Place of Business 8833 PERIMETER PARK BLVD., STE. 1104 JACKSONVILLE, FL 32216 Mailing Address 8833 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216)4	400	06746			BE I II 18 0 1
	Place of Busin	ness - No P.O. Box #	3. Mailing Address I Worth 4th 5th								
Suite, Apt. #, etc. Suite 203			Suite, Apt. #, etc. Suite 203				01192007	Chg-P	CR2E03	4 (12/06)	
City & State Fernandina Beach, FL Fernandina Beach					-J. [-	·L	4. FEI Number 20-320			_ 	plied For Applicable
3203		Country	32034	Count	, , .			of Status Desired		8.75 Add	itional
		and Address of Current I					7. Name and	Address of New I	Registered A	gent	,
PEVY, ROBERT W. 8833 PERIMETER PARK BLVD., STE. 1104 JACKSONVILLE, FL 32216						ddress (I	Rober		•	103	
JACKSON	IVILLE, FL	. 32216		/ 		<u> </u>					
Fernan							lina B	each	FL	Zip Code 320	
8. The above named entry-sybmits 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										and accept	
	Signature, typed	or printed name of registered agent a	and bije if applicable. (NO	J.E. Hegistered	Agent signati	ure required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.							.00 May Be ed to Fees				
10.		OFFICERS AND I	DIRECTORS	11.			ADDITIONS	CHANGES TO OF			IN 11
TITLE NAME	PEVY, RO	DBERT W.	☐ Delete	TITLE NAME						Change	☐ Addition
STREET ADDRESS CITY-SJ-ZIP	8833 PERIMETER PARK BLVD., STE. 1104 SIR JACKSONVILLE, FL 32216 CID							h 5t, 5v ha Beach			· LI
TITLE	VS Delete TITL					1-21	Novair	ia veaer	1, 1-4	Change	Addition
NAME STREET ADDRESS	PEVY, KATHY C. ILLIANS 8833 PERIMETER PARK BLVD., STE. 1104					1 10	orth 41	rh St, Su	ite 2	<i>o</i> 3	
, ·					ST-ZIP	Fer	nandin	a Beach	.FL 3	2034	ł
TITLE NAME STREET ADDRESS			Delete		T ADDRESS			•		☐ Change	Addition
CITY-SI-ZIP			—	_	ST-ZIP		•				— • • • • • • • • • • • • • • • • • • •
title Name			Delete	TITLE NAME						Change	Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP						
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					: Et address St-zip						
TITLE			☐ Delete	TITLE					·	☐ Change	Addition
NAME			_ Delete	NAME							

12. Thereby 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 emptiwered 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.

Robert W Pevy

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/22/07

<u>(904)277-8100</u>

Daytime Phone #