2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2006 8:00 am

| ANITOAL ILLI VILI | | | | | | Secretary of State | | | |
|---|-----------------------------------|-------------------------------|---|---------------------------------------|---|--------------------------------|-------------------|---|-----------------------------|
| DOCUMENT # P05000118267 1. Entity Name LONGFORD COMPANY, INC. | | | | | | 04-18-2006 90081 009 ***150.00 | | | |
| Principal Place of Business Mailing Address | | | | | | | _ | | |
| 1512 MARCY DR. JACKSONVILLE, FL 32259 1512 MARCY DR. JACKSONVILLE, FL 32259 | | | | 259 | • | | | | |
| | | | | | | | | 181 178 BL (III II) 1817 178 B GUID 181 | |
| 2. Principal Place of Business 86/452 Naza Kamporon Chathay 86/452 Nova Kamporon | | | | | lobWay | | | | |
| Suite, Apt. #, etc. | | | | | | 04152006 | Chg-P | CR2E034 (11/05) | |
| City & State FORMANDINA BEACH, FL | | | City & State FERNANDINA BEXCH, FC | | FC | 4. FEI Numb | 055129 | Ar No | oplied For ot Applicable |
| 32 <i>03</i> | 4 Country | Ą. | ^{Zip} 32034 | Country SA | | | of Status Desired | □ \$8.75 Add Fee Require | |
| <u> </u> | 6. Name and Addre | . 7 | | | | 7. Name and | Address of New I | <u>:</u> | |
| Name | | | | | | | | | |
| JACKSONVILLE FL 32289*** | | | | | KG, JDN C Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | 861452 NOWN HAMPOON Club Way City FRENANDINA BOXCH FL 32034 | | | | |
| | <u>.</u> | | | City | 736 | mullion. | Day | FL Zip Cod | le |
| 8. The above | named eatity submits th | nis statement for | the ournose of changing its | | | | | | (|
| 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 spent. | | | | | | | | | |
| SIGNATURE ME JON C. LEE, PRESIDENT 9/15/06 | | | | | | | | | |
| | Signature, typed or printed name | or registered agent a | no true ii applicable. (NOTE | : Registered Agent signa | ture required | when reinstating) | _ | DATE | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | | | | | | |
| 10. | , C | FFICERS AND (| DIRECTORS | 11, | | ADDITIONS. | CHANGES TO OF | FIÇERS AND DIRECTOR | S IN 11 |
| TITLE | D . | | ☐ Delete | TITLE | PZL | STOENTH | SURETHY | Z Change | Addition |
| NAME | LEE, JON C | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT, SELECTRY, TRUE COME Change Addition LEG. Tan 86 1452 NOATH Homorow Club Way | | | | |
| STREET ADDRESS 1 | 1512 MARCY DR. JACKSONVILLE, F | STREET ADDRESS CITY-ST-ZIP | FOD | TOMONOMO ROMAN EL 32024 | | | | | |
| TITLE | D | | ☐ Delete | TITLE | VP | / | Jel | OXI Change | Addition |
| NAME | LEE, LAURI W | | | NAME | LEE | LAURI USO NO | W. SZTA KAMP | Clus Way | |
| STREET ADDRESS CITY-ST-ZIP | 1512 MARCY DR. | 22250 | | STREET ADDRESS CITY-ST-ZIP | 661 | 736 / · · | Dones E | 2 32034 | |
| TITLE | JACKSONVILLE, FI | _ 32239 | ☐ Delete | TITLE | PORI | MADIAA | Bench | _ | ☐ Addition |
| NAME | | | L Delete | NAME | | | | ☐ Change | ☐ Addiboli |
| STREET ADDRESS | | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 7-2-4-18-7-2-18-2-2-18-2-2-18-2-18-2-18-2-18- | CITY-ST-ZIP | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| name Street address | | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | | | = | i | | | | |
| | | | | NAME | | | | | |
| STREET ADDRÉSS CITY-ST-ZIP | | | | NAME STREET ADDRESS CITY-ST-ZIP | | | | | |

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 supplymental 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:

JOO C. LEE

904-571-0177

Daytime Phone #