FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P05000118511 FILED 1. Ethity Name 07 OCT 26 AH 9: 00 FLA. GENERATORS PLUS, INC. ALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 7006 Atlantic Blvd. Jacksonville FL. 32211-8706 REINSTATEMENT 0 2. Principal Place of Business 3. Mailing Address 12213 Winstead Rd. 7006 Atlantic Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Jacksonville FL 20-3361111 Jacksonville FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32211-8706 Duval 32220 Fee Required Duval 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEVRY DEWAN CPA Street Address (P.O. Box Number is Not Acceptable) 7006 Atlantic Blvd. City Jacksonville ĭ~8706 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. EURY E 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. mue PD CLYDE BARNES JR. Delete TITLE Change ☐ Addition NAME NAME 12213 Winstead Rd. 700110328707 STREET ADDRESS STREET ADDRESS Jacksonville, FL, 32220 CITY-ST-ZIP CITY-ST-ZIP 10/05/07--81014--020 ■ Addition TITLE Change ITILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition Delete NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TT! F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE ON DIRECTOR

9/27/07 909

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