2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 21, 2008 8:00 am Secretary of State **DOCUMENT # P05000128783** 05-21-2008 90035 001 *1,050.00 FAIRCLOTH HOLDINGS, INC. Principal Place of Business Mailing Address **460 HARRISON AVENUE 460 HARRISON AVENUE** PANAMA CITY, FL 32401 US PANAMA CITY, FL 32401 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152008 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number Not Applicable 20-3487434 Ζip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, JACK Street Address (P.O. Box Number is Not Acceptable) **502 HARMON AVENUE** PANAMA CITY, FL 32401 City Zip Code 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. FAIRCIOTH, RODNEY TITLE Delete TITLE Change . ☐ Addition FAIRCLOTH, CHARLES NAME NAME **460 HARRISON AVE** STREET ADDRESS STREET ADDRESS PANAMA Cike, FT. CITY-ST-ZIP PANAMA CITY, FL 32401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LEWIS, RANDAN AUE. NAME NAME STREET ADDRESS STREET ADDRESS 32401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete BTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET AOORESS STREET ADDRESS

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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 all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: