## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 03, 2006 8:00 am Secretary of State DOCUMENT # P05000150294 05-03-2006 90198 046 \*\*\*158.75 1. Entity Name RAFS OF DOTHAN, INC. 4000000 Principal Place of Business Mailing Address 1002 W 23RD ST STE 400 1002 W 23RD ST STE 400 PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3801824 Not Applicable Zip Country Zip Country \$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 PIPPIN, LAURETTA J Street Address (P.O. Box Number is Not Acceptable) 1002 W 23RD ST STE 400 PANAMA CITY, FL 32405 City Zip Code FL 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete P/D 🛚 Addition TITLE Change BARR, JIMMY 1002 W. 23RD STREET, SUITE 400 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 32405 TITLE ☐ Delete TITLE ☐ Change X Addition CHAPMAN, JOSEPH F., III 1002 W. 23RD STREET, SUITE 400 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PANAMA CITY, FL 32405 ☐ Delete TITLE TITLE Change X Addition PIPPIN, LAURETTA J. 1002 W. 23RD STREET, SUITE 400 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 32405 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ADDRESS CITY-ST-71P 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 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 adactiment with an address, with adjuster like empowered.

E OF SIGNING OFFICER OR DIRECTOR

Lauretta J. Pippin, Sec. 4/21/06 (850)769-8981

Daytime Phone # Date

FILED