
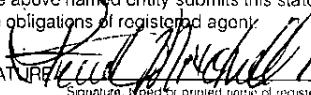



2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90058 026 ***150.00

DOCUMENT # P05000166268 1. Entity Name ESTES TRADING, INC.					
Principal Place of Business 5631 GLENSWAY RD. PANAMA CITY FL 32404				Mailing Address 5631 GLENSWAY RD. PANAMA CITY FL 32404	
2. Principal Place of Business - No P.O. Box # Estes Trading INC Suite, Apt. #, etc. 32 Rose Ct City & State Dorham AL Zip 36303 Country Houston		3. Mailing Address 1366 Sherley Oaks South. Suite, Apt. #, etc. Jacksonville City & State FL Zip 32218 Country Duval		1st MOORE CR2E034 (10/06)	
4. FEI Number 20-4018035				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ESTES, JAMES L 5631 GLENSWAY RD. PANAMA CITY FL 32404			7. Name and Address of New Registered Agent Name Keith Mitchell Street Address (P.O. Box Number is Not Acceptable) 1366 Sherley Oaks South. Jacksonville City FL Zip Code 32218		
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  DATE 4-10-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PDST ESTES, JAMES L 5631 GLENSWAY RD. PANAMA CITY FL 32404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD ESTES, JAIME L 5631 GLENSWAY RD. PANAMA CITY FL 32404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			DATE 4-10-07 850-698-7192 <small>Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					