## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE 2

## Secretary of State **DOCUMENT # P06000031105** 02-12-2007 90091 010 \*\*\*150.00 1. Entity Name SQUARE AND FLAT INC Principal Place of Business Mailing Address 16351 NE 55TH STREET 16351 NE 55TH STREET WILLISTON, FL 32696 WILLISTON, FL 32696 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 02072007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 20-442 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 Name Cprg Simmons Street Address (P.O. Box Number is Not Acceptable) ECKER, TIMOTHY 11590 NE 101 TERRACE STREET ARCHER, FL 32618 agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent SIGNATURE (NOTE Recisioned Adent singer or required when minstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIT) F P,T,VP,S TITLE ☐ Change Addition ☐ Delete SIMMONS, GREG NAME NAME STREET ADDRESS **16351 NE 55TH STREET** STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP WILLISTON, FL 32696 VP.S TITLE Delete TITLE ☐ Change Addition ECKER, TIMOTHY NAME NAME STREET ADDRESS 11590 NE 101 TERRACE STREET ADDRESS CITY-ST-ZIP ARCHER, FL 32618 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET AODRESS 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 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.

FILED

Feb 12, 2007 8:00 am