2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Feb 12, 2007 8:00 am DOCUMENT # P06000050083 **Secretary of State** 1. Entity Namo 02-12-2007 90106 001 \*\*\*150.00 SUSAN F. LATSHAW, P.A. Principal Place of Business Mailing Address 158 BARBERRY LANÉ 158 BARBERRY LANE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3582508 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PATTERSON, LAWRENCE R ESQ. 3010 SOUTH THIRD STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH FL 32250 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 it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. IIILE Delete TITLE $T \ge 4$ ☐ Change Addition LATSHAW, SUSAN F NAME NAME 158 BARBERRY LANE STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP City - ST - 7IP HHE Latshaw, John H. Jr Delete TITLE ☐ Change NAME NAME STREET ADDRESS STRIFT ADDRESS CITY-ST-ZIP CITY ST-ZIP 39089 HITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HHF ☐ Defele THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITLE Delete THE ☐ Change Addition NAME NAMI\* STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY - S1 - ZIP IIILE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-SI-ZIP I hereby certify that indicated on this let the exemptions contained in Section 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 ne information supplied with this filing does not qualify ort or symplemental report is true and accurate and that of the corporation if changed, or on

FILED

ce President 1/31/07 (904) 616-1527