



2007 FOR PROFIT CORPORATION ANNUAL REPORT

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|--|--|---|---|--|--|
| DOCUMENT # P06000058450 1. Entity Name FAJRS SERVICE COMPANY | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 SEP 18 PM 1:03 | |
| Principal Place of Business PO BOX 15588 TALLAHASSEE, FL 32317-5588 | | Mailing Address PO BOX 15588 TALLAHASSEE, FL 32317-5588 | |  | |
| 2. Principal Place of Business - No P.O. Box # 2815 Remington Green Cir | | 3. Mailing Address same | | | |
| Suite, Apt. #, etc. Suite 200 | | Suite, Apt. #, etc. same | | | |
| City & State Tallahassee | | City & State Tallahassee | | | |
| Zip 32308 | | Country US | | 4. FEI Number 30-043 0068 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | 07132007 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent MINNICK, JOHN A ESQ THE MINNICK LAW FIRM 3116 CAPITAL CIRCLE NE UNIT 10 TALLAHASSEE, FL 32308 <i>2815 Remington Green Circle</i> <i>Address only</i> | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HODGES, DAVID PO BOX 15588 TALLAHASSEE, FL 323175588 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500109873735 09/25/07--01013--020 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST MINNICK, BRUCE A PO BOX 15588 TALLAHASSEE, FL 323175588 | <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 | DST LONG-STEVENS, JEAN PO BOX 15588 TALLAHASSEE, FL 323175588 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEBRA W. MINNICK 9017 Eagles Ridge Drive Tallahassee FL 32312 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOWELL, JAMES A PH.D PO BOX 15588 TALLAHASSEE, FL 323175588 | <input checked="" 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 | D BREECE, TOM PO BOX 15588 TALLAHASSEE, FL 323175588 | <input checked="" 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 | <input type="checkbox"/> Delete | <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 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. | | | | | |
| SIGNATURE: <i>[Signature]</i> Secretary Treasurer 9-14-07 850 3869444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |