## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P06000073317** FILED GALLOWAY BRENNAN & BILLMEIER, P.A. 07 JAN 30 PM 3: 40 SECRETARY OF STATE Principal Place of Business Mailing Address 490 FRANK SHAW ROAD 490 FRANK SHAW ROAD TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 240 EAST 5TH AVENUE 240 EAST Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01162007 City & State City & State 4. FEI Number Applied For IALLAHAISEE 20-4949696 Not Applicable IALLAUASSEL Country Country \$8.75 Additional 5. Certificate of Status Desired П WA 32303 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLOWAY, CLYDE W JR Street Address (P.O. Box Number is Not Acceptable) 240 EAST 5TH AVENUE TALLAHASSEE, FL 32303 Zip Code City 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) 500088714075 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees 02/19/07--01028--026 \*\*150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Change Addition TITLE TITLE ☐ Delete GALLOWAY, CLYDE W JR GALLOWAY, CLYDE W. JR NAME NAME 490 FRANK SHAW ROAD STREET ADDRESS 240 EAST 5+ AVENUE STREET ADDRESS CITY - ST - ZIP TALLAMASIEE FL 32303 CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE ☐ Change Addition ☐ Delete TIDE BRENNAN, JOHN L. III 240 EAST STY AVENUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASIEE, FL 32303 CHTY-ST-ZIP Addition Delete TITLE ☐ Change TITLE BILLMEIER L. MICHAEL JR NAME NAME STREET ADDRESS STREET ADDRESS 240 EAST 544 AMENUE CITY-ST-ZIP CITY-ST-ZIP TALLAHASJEE FL 32303 ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETT E ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 wit ess, with all other like empowered. 85D-224,0141 01.16.07 SIGNATURE: ING OFFICER OR DIRECTOR