2007 FOR PROFIT CORPORATION ANNUAL REPORT-

FILED Jun 12, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # P060000771 ANCERS, INC.			04-26-200	7 9021 <i>6</i>	5 018 ***	*150.00			
Principal Place	e of Business	l	1							
	L DOOLITTLE ROAD E, FL 32225 US		320 General doolittle road Acksonville, FL 32225 US			66018834				
Principal Place of Business - No P.O. Box # 3. Mailing Address				··· ·						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252007	Chg-P	CR2E0	34 (12/06)			
City & State		City & State			4. FEI Numbe 20 -	49809	82	<u> </u>	oplied For of Applicable	
Ζφ	Country	Zip	Coun	lry	5. Certificate of	of Status Desired		\$8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				Agent		
TOMKOVI	CH. MICHAEL D	Name								
320 GENE	RAL DOOLITTLE ROAD VILLE, FL 32225	Street Address (P.O. Box Number is Not Acceptable)								
				City			F* 1	Zip Cod		
8. The above named entity submits this statement for the ournose of changing its register.					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 tide if applicable. (NOTE: Registered Agent signature required when consisting) DATE								· - ·		
9. Election Campaign Financing \$5.										
After Ma	ë NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 		.00 May Be ed to Fees							
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/	HANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11	
TITLE NAME	TOMKOVICH, MICHAEL D		TITLE					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	320 GENERAL DOOLITTLE ROAD JACKSONVILLE, FL 32225		STRE	ET ADORESS -SI-ZIP						
TITLE	VP	☐ Oetete	TITLE					Change	Addition	
NAME	TOMKOVICH, MICHAEL D		NAM	•					_	
STREET ADORESS City-St-Zip	320 GENERAL DOOLITTLE ROAD JACKSONVILLE, FL 32225			et adoress -s1-zip						
TITLE	S	☐ Delete	MITE	 -	· 			☐ Change	Addition	
NAME STREET ADDRESS	TOMKOVICH, MICHAEL D		NAMI					_ •	_	
CITY-SI-ZIP	320 GENERAL DOOLITTLE ROAD JACKSONVILLE, FL 32225			ET ADDRESS -ST-ZIP						
TITLE	T	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	TOMKOVICH, MICHAEL D 320 GENERAL DOOLITTLE ROAD		NAME	ET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 32225		•	ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delate	TILE					☐ Change	Addition	
NAME CTOST LOOPEN			NAME	1						
STREET ADDRESS City-St-Zip				ST-ZIP						
12. I hereby certify that the information supplied with this filling 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-effect inter-empowered.										