2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 9

Mar 21, 2007 8:00 am Secretary of State DOCUMENT # P06000091027 03-21-2007 90036 015 ***150.00 1. Entity Name HUGH J. PANTON CONSULTING, INC. Principal Place of Business Mailing Address VVU&U&**0**& 17 ISLAND ROAD 17 ISLAND ROAD STUART, FL 34996 STUART, FL 34996 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-5173447 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **F&L CORP** Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202-5017 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PANTON, HUGH J NAME NAME STREET ADDRESS 17 ISLAND ROAD STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filed does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered. 12. I hereby certify that the information supplied with this fi indicated on this report or supplemental report of the corporation or the receiver or trustee enchanged, or on an attachment with an address

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