2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 02, 2007 8:00 am Secretary of State DOCUMENT # P06000118128 1. Entity Name 02-02-2007 90010 013 ***150.00 JEAN GREGORY ASSOCIATES, INC. Principal Place of Business Mailing Address 120 HAVERHILL DRIVE 120 HAVERHILL DRIVE 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 20-4945 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KIMBALL, JEAN M 120 HAVERHILL DRIVE Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA BEACH FL 32082 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 11. TITLE ☐ Delete THE Change Addition KIMBALL, JEAN M NAME NAMI 120 HAVERHILL DRIVE STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP CDY-ST-7IP HILE ☐ Delete шш Change ☐ Addition KIMBALL, GREGORY L NAME NAME 120 HAVERHILL DRIVE STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CHY-SI-7IP CITY ST ZIP TITLE Defete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP HILL ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete HILL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-S1-ZIP HILE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental roport is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.

FILED