2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P06000149914** 2007 SEP 14 AM 8: 25 RJR GENERAL SERVICES, INC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1881 SOUTHWEST PERSIMMON LANE 1881 SOUTHWEST PERSIMMON LANE DUNNELLON, FL 34431 DUNNELLON, FL 34431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08272007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPT ☐ Addition TITLE Delete TITLE Change VALENTINE, JUSTIN C NAME NAME 300109878753 STREET ADDRESS 1881 SOUTHWEST PERSIMMON LANE STREET ADDRESS 09/2S/07--01013--022 CITY-ST-ZIP DUNNELLON, FL 34431 **150.00 CITY-ST-ZIP DVPS ☐ Change ☐ Addition Delete TITLE TITLE VALENTINE, RICK NAME STREET ADDRESS 1881 SOUTHWEST PERSIMMON LANE STREET ADDRESS DUNNELLON, FL 34431 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 must gnature 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 impreparies required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empow changed, or on an attachment with an address, with

CITY-ST-ZIP

SIGNATURE: