
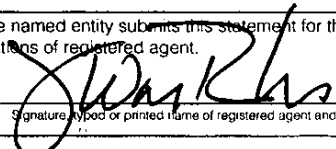
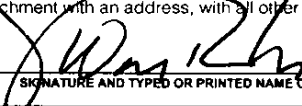


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90012 018 \*\*\*150.00

|  |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|--|-----------------------------|---|---|--|---------------------------------|------|---------------|--|----------------|-----------------------------|--|-------------|------------------------|--|-------|----|---------------------------------|------|-------------------|--|----------------|-----------------------------|--|-------------|------------------------|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|---|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # P07000015102</b><br>1. Entity Name<br><b>RIVER CITY BEADS, INC.</b>  |                             |   |   |   |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>1615 UNIVERSITY BLVD W<br/>JACKSONVILLE, FL 32217</b>  |                             |   | Mailing Address<br><b>1615 UNIVERSITY BLVD W<br/>JACKSONVILLE, FL 32217</b> |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                             | 3. Mailing Address  |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Suite, Apt. #, etc.  |                             | Suite, Apt. #, etc.   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State   |                             | City & State  |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Zip  | Country                     | Zip   | Country   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent  |                             |   |   | 7. Name and Address of New Registered Agent  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>ROOKS, J. WILLIAM</b><br><b>1853 CHRISTOPHER POINT RD S</b><br><b>JACKSONVILLE, FL 32217</b>  |                             |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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.<br>SIGNATURE:  (NOTE: Registered Agent signature required when re-registering)<br>Signature typed or printed name of registered agent and title if applicable.   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>10. OFFICERS AND DIRECTORS</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROOKS, JUDY B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1853 CHRISTOPHER POINT RD S</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32217</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">ST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROOKS, J. 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WILLIAM |  | STREET ADDRESS | 1853 CHRISTOPHER POINT RD S |  | CITY-ST-ZIP | JACKSONVILLE, FL 32217 |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  | P                           | <input type="checkbox"/> Delete   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | ROOKS, JUDY B               |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 1853 CHRISTOPHER POINT RD S |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32217      |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  | ST                          | <input type="checkbox"/> Delete   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | ROOKS, J. WILLIAM           |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 1853 CHRISTOPHER POINT RD S |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32217      |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                             | <input type="checkbox"/> Delete   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                             | <input type="checkbox"/> Delete   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                             | <input type="checkbox"/> Delete   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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 with an address, with all other like empowered.   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| SIGNATURE:  (NOTE: Registered Agent signature required when re-registering)<br>Signature typed or printed name of signing officer or director   |                             |   |   |  |                                 |      |               |  |                |                             |  |             |                        |  |       |    |                                 |      |                   |  |                |                             |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |



01112008 Chg-P CR2E034 (12/06)

4. FEI Number **208376802** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**1/24/08**  
DATE

**1/24/08 904.731.2111**  
Daytime Phone #