2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2008 8:00 am Secretary of State **DOCUMENT # P07000042792** 02-27-2008 90003 043 ***150 00 J DAVIS REAL ESTATE SERVICES. INC. Principal Place of Business Mailing Address **5045 TREIMAN BOULEVARD 5045 TREIMAN BOULEVARD** RIDGE MANOR, FL 33523 RIDGE MANOR, FL 33523 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 33217 CORTEL BIVD 33277 CORIEZ BIUD Suite, Apt. #, etc. Suite, Apt. #, etc. 01262008 CR2E034 (12/06) Ridge State City & State Riago 4. FEI Number Applied For MANOR PL 20-8882865 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JEANETTE_S DAVIS, JEANETTE'S 5045 TREIMAN BÖULEVARD RIDGE MANOR, FL 33523 CityRIDGE MANOR 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 ionature, typed or ornited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE PD ☐ Delete ☐ Change ☐ Addition DAVIS, JEANETTE S NAME NAME STREET ADDRESS **PO BOX 183** STREET ADORESS CITY-ST-ZIP TRILBY, FL 33593 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIBE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CÎTY-ST-ZÎP C!TY-ST-ZIP Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TIT1 F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and is 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: OFFICER OR DIRECTOR

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