2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2008 8:00 am Secretary of State 04-16-2008 90033 050 ***190.00 DOCUMENT # P07000121880 MICHAEL MONROE, INC. CHIEGUUD Principal Place of Business Mailing Address 1392 FAYETTEVILLE DR 1392 FAYETTEVILLE DR SPRING HILL, FL 34609 SPRING HILL, FL 34609 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 26-1235623 Not Applicable Zip Country 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 MONROE, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 1392 FAYETTEVILLE DR SPRING HILL, FL 34609 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (FIOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 DPST INLE HILE Change ☐ Delete Addition MONROE, MICHAEL A NAME 1392 FAYETTEVILLE DR STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34609 CITY-ST-ZIP C11Y-\$1-ZIP THLE Delete HILE ☐ Change Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-51-7/P Addition Delete TITLE Change TITLE STREET ADDRESS STRECT ADDRESS CHY-ST-ZIP CITY-S1-ZIP Delete IITLE Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CHY-ST-ZIP Delete ☐ Change DRE ☐ Addition THLE STREET ADDRESS STRLLI ADDRESS CHY-\$1-ZIP CITY-ST-ZIP ☐ Change THE Delete HILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

4-1208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3(2 666 4621

Date

FILED