2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 12, 2008 8:00 am Secretary of State **DOCUMENT # P07000128057** 02-12-2008 90008 003 ***150.00 1. Entity Name J RETHWILL, INC. Mailing Address Principal Place of Business 1935 LAKE MCDONALD TRAIL 1935 LAKE MCDONALD TRAIL DELTONA, FL 32738 DELTONA, FL 32738 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02062008 Chg-P Applied For City & State 4. FEI Number City & State Not Applicable Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RETHWILL, JOHN T. Street Address (P.O. Box Number is Not Acceptable) 1935 LAKE MCDONALD TRAIL DELTONA, FL 32738 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 parie of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 48 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee: will be \$550.00 * OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE TITLE □ Delete RETHWILL, JOHN J. NAME NAME 1935 LAKE MCDÓNALD TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA, FL 39238 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition 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-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-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.

Rethwill

FILED

Daytime Phone #