2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 06, 2005 8:00 am Secretary of State

DOCUMENT # P13574 1. Entity Name PONDER & CO.					06-06-2005 90007 016 ***550.00				
Principal Place of Business 217 WEST MONROE HERRIN, IL 62948		Mailing Address 217 WEST MONROE HERRIN, IL 62948							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05272005	Chg-P	CR2E	034 (10/03)		
City & State		City & State			4. FEI Numb				plied For
Zip	Country	Zip Cour		·y	5. Certificate	of Status Desired		\$8.75 Add Fee Required	litional
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
OSTLUND	CRANT		Name						
OSTLUND, GRANT 131 BAKERS ACRE DRIVE HAWTHORNE, FL 32640				Street Address (P.O. Box Number is Not Acceptable)					
	後で と語			City			FI	Zip Code	e
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
f FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10. OFFICERS AND DIRECTORS 11			11.		ADDITIONS	CHANGES TO OFF	ICERS AN	ID DIRECTORS	S IN 11
TITLE	P Delete III				7,001110110	7 OF IARTOLD TO OFF	TOLITO AT	☐ Change	Addition
NAME .	ATCHUM, DAVID		NAME						
STREET ADDRESS	245 WUNTROP			T ADDRESS					i
CITY-ST-ZIP	ELMHURST, IL 60126		CITY-S		<u></u>				
NAME	VP	Delete	TITLE NAME	105		B 100 A 200	6 C	Change	Addition
STREET ADDRESS	•			TADDRESS 3 %	d Elga	Love 1	~		
CITY-ST-ZIP	•			ST-ZIP	wether	Burgdon's	6009	3	
TITLE	AS	☐ Delete	TITLE	A:				Change	☐ Addition
NAME	TIMMERMANN, JOHN		NAME	20	·	review	C 2-		
STREET ADDRESS CITY-ST-ZIP	3 RED BUD LANE			T ADDRESS 2\		t monoc			
	HERRIN, IL		CITY-S	51-21P HC	C ~ 73	1960 12	()		
TITLE NAME	D PAYNE, CHRISTOHER T.	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS	634 HUMPHREY DRIVE			T ADDRESS					
CITY-ST-ZIP	EVERGREEN, CO,		CITY-S	ST-ZIP					
TITLE	VPD	Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	TERRENCE, SHIREY 420 POWER MILL RD		NAME	T ADDRESS					
CITY-ST-ZIP	NASHVILLE, TN 37205		CITY-S	* *					
TITLE	VPD	☐ Delete	TITLE					☐ Change	Addition
NAME	HEAD, JULIAN	Duyte	NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	COLLEGE GROVE, TN 37046		CITY-S						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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.									

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2/97/102

618949-1321

Daytime Phone #

John Timmon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _