2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 11, 2008 8:00 am Secretary of State 03-11-2008 90018 044 ***158.75 DOCUMENT #P30421 1. Entity Name ELLIS LORD, INC. Principal Place of Business Mailing Address 40042803 3800 AIRPORT BLVD., SUITE 200 P.O. BOX 161506 MOBILE, AL 36608 MOBILE, AL 36616-2506 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 03052008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 63-1025664 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Charles H. Edgar, Jr. MELVIN, JACKIE P Street Address (P.O. Box Number is Not Acceptable) 2425 W. NINE MILE ROAD SUITE 7 PENSACOLA, FL 32534 2425 W. Nine Mile Rd., Suite 7 City Zip Code Pensacola 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 segistered agent. Charles H. Edgar, 3-6-2008 (NOTE: Registered Agent signature required when reinstating) hicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE PTD ☐ Delete THLE ☐ Change Addition LORD, L. ELLIS NAME NAME 501 CHURCH AVE. STREET ADDRESS STREET ADDRESS DAPHNE, AL 36526 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME WEBER, JAY W 6416 TOKENEAK TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOBILE, AL 36695 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP

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 the 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 ar with all other like

OFFICER OR DIRECTOR

CITY-ST-ZIP

ITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

Delete

TITLE NAME

TITLE NAME

STREET ADDRESS CITY-\$1-ZIP

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNI SIGNATION TYPED

Ellis Lord

3-10-2008 Oate

251-343-8198

☐ Change

☐ Change

■ Addition

Addition

FILED

Daytime Phone #