2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2007 08:00 All Secretary of State **DOCUMENT # P93000026789** WARDCO, INC. Principal Place of Business Mailing Address 2912 S. 50TH ST 2912 S. 50TH ST TAMPA, FL 33619 TAMPA, FL 33619 04222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3195143 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WARD, KEN DO NOT WRITE 701 BAYSHORE BLVD **TAMPA, FL 33606** IN THIS SPACE 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ₽D TITLE WARD, KEN NAME 701 BAYSHORE BLVD STREET ADDRESS U00000733129 CITY-ST-ZIP TAMPA, FL 33606 05/09/07-80073-021 150.00 TITLE COX, MORRIS NAME STREET ADDRESS 301 FLORILAND TAMPA, FL 33612 City-St-7IP TITLE COX, MARYLOU NAME STREET ADDRESS 301 FLORILAND DO NOT WRITE CITY-ST-ZIP TAMPA, FL 33612 IN THIS SPACE TITLE MAME STREET ADDRESS

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.

SIGNATURE: I

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP