2007 FOR PROFIT CORPORATION

Jan 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P93000041729 01-16-2007 90216 017 ***150.00 MARY M. SONDGERATH, P.A. Principal Place of Business Mailing Address 2692 US 1 S. 2692 US 1 S. SAINT AUGUSTINE, FL 32086 SAINT AUGUSTINE, FL 32086 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3187178 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SONDGERATH, MARY M Street Address (P.O. Box Number is Not Acceptable) 2510 C US 1 SOUTH 2692 US 1 S. SAINT AUGUSTINE, FL 32086 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** Delete TITLE ☐ Change Addition NAME SONDGERATH, MARY M STREET ADDRESS 112 ISLAND HAMMOCK WAY STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE, FL 32080 CITY-ST-7IP TITLE ☐ Delete TITLE Change ___ Addition 144 MANUNEST. NAME NAME STREET ADDRESS STREET ADDRESS SC. AUGUSTINE, F1. 32084 CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 report 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 attached ent with amaddress, with all other like empower

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Daytime Phone #

Addition

FILED