2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 08, 2007 8:00 am Secretary of State DOCUMENT # P93000056055 05-08-2007 90013 002 ***150.00 HAYDON-RUBIN DEVELOPMENT INC. Principal Place of Business Mailing Address 40 - " 15500 ROOSEVELT BLVD 15500 ROOSEVELT BLVD SUITE 303 SUITE 303 CLEARWATER, FL 33760 CLEARWATER, FL 33760 al Place of Business - No PBBox # 2 Ulmerton Road Mailing Address 592 Wimerton Road 04242007 CR2E034 (12/06) te 100 4. FEI Number Applied For 59-3201080 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nathaydon, Rogers K. Jr HAYDON, ROGERS K JR. 15500 ROOSEVELT BLVD SUITE 303 CLEARWATER, FL 33760 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. VPS Change ☐ Addition TITLE ☐ Delete TITLE RUBIN, LESUE A NAME NAME 4592 Wimerton Road, Suite 100 Clearwater, FL 33762 15500 ROOSEVELT BLVD SUITE 303 STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33760 CITY-ST-ZIP CITY-ST-ZIP **Change** ☐ Addition TITLE ☐ Delete TITLE HAYDON, ROGERS K JR. NAME NAME 4592 Ulmerton Road, Suite 100 15500 ROOSEVELT BLVD SUITE 303 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CLEARWATER, FL 33760 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 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. 727-639-6777 SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

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