2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 05, 2007 08:00 AM **Secretary of State** DOCUMENT # P94000069866 JEFF PRESCOTT & ASSOCIATES, INC. Principal Place of Business Mailing Address 87 BARRACUDA ST **87 BARRACUDA ST** DESTIN, FL 32541 DESTIN, FL 32541 The state of the s CR2F034 (11/05) 01302007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 59-2863924 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOVELACE, DEWITT M DO NOT WRITE 743 HWY 98 E SUITE 5 IN THIS SPACE DESTIN, FL 32541 . Protesti Protesti konike (1885) ke ji kasadasi oliku katiko esi (kisaliki oliku konike (1805). 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) 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. 10. OFFICERS AND DIRECTORS THIE PRESCOTT, JEFFREY A STREET ADDRESS **87 BARRACUDA STREET** CITY-ST-ZIP DESTIN. FL TITLE NAME STREET ADDRESS CHTY-S1-7IP At Course and probably the first fine with with TITLE Statement was a few particular and the second statement of the second NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CiTY+ST-7/P **West his concil. He give the factor of the second color of the** THE dina ngantakan kalendarakan kalendari di kalendari kalendari di kalendari ka Kolinia paka kamanak kikaka pinak pinakipak ilipuki jerika

12. Thereby 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 add acquirate 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-S1-ZIP

Date

Daytime Phone #

FILED