## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2007 8:00 am Secretary of State

| Pincipal Place of Business   Mailring Address   So DRFTWOOD DR W  | 1. Entity Name   | MENT # P95000026<br>sters, INC.                     | 6227                            | į            |                   |             |                    | 04-09-200′          | 7 90068 012 **          | *150.00                               |  |
|---|--|---|---------------------------------|--------------|-------------------|-------------|--------------------|---------------------|-------------------------|---------------------------------------|--|
| PAMM HARBOR, FL. 34683  PALM H    | Principal Place of Business Mailing Address  |   |                                 |              |                   |             |                    |                     |                         |                                       |  |
| PAMM HARBOR, FL. 34683  PALM H    | 505 DRIFTWO  | ÍOD DR W  | 505 DRIFTWOOD DR W              | 1            |                   |             |                    | •                   |                         |                                       |  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   A . FEI Number   Sp. 0572100   Na Applicable       |  |   |                                 |              |                   |             |                    |                     |                         |                                       |  |
| Suite. Apt. #. etc.    Suite. Apt. #. etc.   Suite. Apt. #. etc.   Suite. Apt. #. etc.   Suite. Apt. #. etc.   Suite. Apt. #. etc.   Suite.   Applied For St. 95.057.21.00   Applied For St. 95.057.21.00   May Applicable For St. 95.057.21.00   May Applicable For St. 95.057.21.00   May Applicable For St. 95.057.21.00   St. Certificate of Status Deleter   St. 95.057.21.00   St. Certificate of Status Deleter   St. 95.057.21.00   May Applicable For Required Agent   T. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent   T. Name and Ad    |  |   |                                 |              |                   |             | 1 INT(1881 I/B J   | III BAN BAN BAN BAN | 31                      | Lii eknieni ii inei                   |  |
| City & State  City & File Investor   Applied For   Not Applied    | 2. Principal Pl  | ace of Business - No P.O. Box #                     | 3. Mailing Address              |              |                   |             |                    |                     |                         |                                       |  |
| Country   Zip   Country   Siphicable   Size of Status Desired   Size of       | Suite, Apt. #, etc.  |   |                                 |              |                   | 03022007    | Chg-P              | CR2E034 (12/        | 06)                     |                                       |  |
| S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   Fee Required   S. Name and Address of Current Registered Agent   TERRILL, ROBERT L JR. S05 DRIFT WOOD DR W PALM HARBOR, FL. 34683  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Xip Code   Date       | City & State   |   | City & State                    |              |                   |             |                    | 100                 |                         | +                                     |  |
| TERRILL, ROBERT L JR. Sof DRIFTWOOD DR W PALM HARBOR, FL. 34683  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature fixed agent of the purpose of changing its registered office or registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent.    Signature fixed agent of the purpose of changing its registered office or registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent.    Signature fixed agent of the purpose of changing its registered office or registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent.    Signature fixed agent of the purpose of changing its registered office or registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent.    Signature fixed agent of the purpose of changing its registered office or registered agent, or both, in the State of Forde. I am familiar with, and accept the obligation of registered agent.    Signature fixed agent of the purpose of changing its registered office or registered agent, or both, in the State of Forde. I am familiar with, and accept the purpose of the purpose of changing information or registered agent, or both, in the State of Forde. I am familiar with, and accept the purpose of Forder agent ag    | Zip  | Country   | Zip                             | Zip Count    |                   |             |                    |                     |                         |                                       |  |
| Name   Street Address (P.O. Box Number is Not Acceptable)   |  | 6. Name and Address of Current                      | Registered Agent                | <u> </u>     | Γ                 |             | 7. Name and A      | ddress of New R     | <del>'</del>            | ulleu                                 |  |
| Stroet Address (P.O. Box Number is Not Acceptable)    City  | <del></del>  |   |                                 |              |                   |             |                    |                     |                         |                                       |  |
| PALM HARBOR, FL 34683  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  Signarus, beed or protect familiar with, and accept the obligations of registered agent.  Signarus, beed or protect familiar with, and accept the obligations of registered agent.  (NOTE Registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  (NOTE Registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of Rorida.  PLE NOW!! FEE IS \$150.00  PRESIDENT AGENTS.  SIGNATURE  SIREST ADDRESS  OTH-SI-2P  PALM HARBOR, FL  ORAGE  OTH-SI-2P  ORAGE  PALM HARBOR, FL  ORAGE  OTH-SI-2P  ORAGE  O   |  |   |                                 |              |                   |             |                    |                     |                         |                                       |  |
| E. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SPAMAN, herd or printed runs of registered agent and the facilitative. (NOTE Registered Agent synature repared when mentaleng)  FILE NOWITH FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PART   Delate   ITILE  V   | 1  |   |                                 |              |                   |             | T.O. BOX Number    | 13 NOT ACCEPTABLE   | <del></del>             |                                       |  |
| 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature from any 1, 2007 Fee will be \$55.00  PILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIFFECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  TOTAL FUNDOD RIVE W  OITY-ST-2P  PALM HARBOR, FL  OTHER STREET ADDRESS  OITY-ST-2P  HOLIDAY, FL 34690  ITTLE  NAME  STREET ADDRESS  OITY-ST-2P  TARPON SPRINGS, FL 34689  TARPON SPRINGS, FL 34689  TERRILL, MARY C.  SOB DRIFTWOOD DRIVW W  DITY-ST-2P  TARPON SPRINGS, FL 34685  OITY-ST-2P  TARPON SPRINGS, FL 34685  OITY-ST-2P  TITLE  NAME  TERRILL, MARY C.  SOB DRIFTWOOD DRIVW W  DITY-ST-2P  TARPON SPRINGS, FL 34685  OITY-ST-2P  TITLE  NAME  TERRILL, MARY C.  SOB DRIFTWOOD DRIVW W  DITY-ST-2P  TARPON SPRINGS, FL 34685  OITY-ST-2P  TITLE  NAME  TERRILL, MARY C.  SOB DRIFTWOOD DRIVW W  DITY-ST-2P  TARPON SPRINGS, FL 34685  OITY-ST-2P  TITLE  NAME  TERRILL, MARY C.  SOB DRIFTWOOD DRIVW W  DITY-ST-2P  TARPON SPRINGS, FL 34685  OITY-ST-2P  TITLE  NAME  STREET ADDRESS  OITY-ST-2P  TITLE  NAME  STREET ADDRESS  OITY-ST-2P  TOTH ALDRESS  OITY-ST-2P  OITY- |  | 10011,712 04000                                     |                                 |              |                   |             |                    |                     |                         |                                       |  |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Squalure   Squal    |  |   |                                 |              | City              |             |                    |                     | FI Zip                  | Code                                  |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  TITLE  NAME STREET ADDRESS OITY-ST-2P  OITY-ST-2P  OITY-ST-2P  OITY-ST-2P  TARPON SPRINGS, FL 34689  TOTH STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  TERRILL, III ROBERT L.  STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  TITLE  NAME STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  NAME STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  NAME STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  NAME STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  NAME STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  NAME STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  NAME STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  NAME STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  NAME STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  NAME STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  NAME STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  NAME STREET ADDRESS OITY-ST-2P  TARPON SPRINGS, FL 34665  TITLE  NAME STREET ADDRESS OITY-ST-2P  TO DEMAN STREET ADDRESS OITY-ST-2P  TO DEMAN STREET ADDRESS OITY-ST-2P  TO DEMAN STREET ADDRESS OITY-ST-2P  TITLE  NAME STREET ADDRESS OITY-ST-2P  TO DEMAN STREET ADDRESS OI  | 8. The above   | named entity submits this statement f               | or the purpose of changing its  | register     | L<br>ed office or | register    | ed agent, or both. | in the State of Flo |                         | with, and accer                       |  |
| After May 1, 2007 Fee will be \$50.00  After May 1, 2007 Fee will be \$50.00  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  P TERRILL, JR. ROBERT L. SINEET ADDRESS SINEET ADDRESS OITY-ST-2PP  HOLIDAY, FL. 34690  TITLE  NAME SIREET ADDRESS OITY-ST-2PP  TARPON SPRINGS, FL. 34689  TERRILL, III ROBERT L. SIREET ADDRESS OITY-ST-2PP  NAME SIREET ADDRESS OITY-ST-2PP  NAME SIREET ADDRESS OITY-ST-2PP  TARPON SPRINGS, FL. 34689  TITLE  TERRILL, III ROBERT L. SIREET ADDRESS OITY-ST-2PP  NAME SIREET   | the obligat  | ions of registered agent.                           |                                 |              |                   |             | -                  |                     |                         |                                       |  |
| After May 1, 2007 Fee will be \$550.00  After May 1, 2007 Fee will be \$550.00  11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS II.  TITLE TERRILL, JR. ROBERT L. SIREET ADDRESS OFF. SO.5 DRIFTWOOD RIVE W PALM HARBOR, FL  TITLE SNELL, ROBERT SIREET ADDRESS CITY-ST-2IP TITLE TERRILL, III ROBERT L. SIREET ADDRESS CITY-ST-2IP TITLE VP UNDSTEDT, MATTHEW TODD TOBERS TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE VP UNDSTEDT, MATTHEW TODD TOBERS TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE VP UNDSTEDT, MATTHEW TODD TOBERS TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE VP UNDSTEDT, MATTHEW TODD TOBERS TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE VP UNDSTEDT, MATTHEW TODD TOBERS TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE TOTAL TO  | SIGNATURE_   | Synaphre, typed or nonted partie of registered agen | t and title if applicable (NO)  | F: Registere | d Agent signatu   | ca required | (when reinstation) | <del></del> -       | DATE                    | <del></del>                           |  |
| After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   P   | The control of the co |   |                                 |              |                   |             |                    |                     |                         |                                       |  |
| TITLE NAME TERRILL, JR. ROBERT L. SIRECT ADDRESS 505 DRIFTWOOD RIVE W CITY-ST-2P PALM HARBOR, FL  TITLE V SNELL, ROBERT SIRECT ADDRESS CITY-ST-2P HOLIDAY, FL 34690  TITLE NAME TERRILL, III ROBERT L. SIRECT ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34689  TITLE TERRILL, MARY C. SIRECT ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34689  TITLE NAME TERRILL, MARY C. SIRECT ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34655  TITLE NAME TERRILL, MARY C. SIRECT ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34655  TITLE NAME SIRECT ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34655  TITLE NAME SIRECT ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34655  TITLE NAME SIRECT ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34655  TITLE NAME SIRECT ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34655  TITLE NAME SIRECT ADDRESS CITY-ST-2P TITLE NAME SIRECT ADDRESS CITY-ST-2P TITLE NAME NAME SIRECT ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM  | After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  |   |                                 |              |                   |             |                    |                     |                         |                                       |  |
| TERRILL, JR. ROBERT L.  SIREET ADDRESS CITY-ST-2P PALM HARBOR, FL  TITLE V PALM HARBOR, FL  TITLE STREET ADDRESS CITY-ST-2P HOLIDAY, FL 34689  TERRILL, III ROBERT L.  SIREET ADDRESS CITY-ST-2P TARPON SPRINGS, FL 34689  TERRILL, MARY C.  SIREET ADDRESS CITY-ST-2P TITLE TRAPPON SPRINGS, FL 34655  TITLE V PALM HARBOR, FL  TITLE TRAPPON SPRINGS, FL 34655  TITLE V PALM HARBOR, FL  TORRING ADDRESS CITY-SI-ZIP  TORRICA    | 10.  |   | <del></del>                     | 11.          |                   |             | ADDITIONS/C        | HANGES TO OFF       | ICERS AND DIREC         | TORS IN 11                            |  |
| SIREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL  TITLE V   |  |   | ☐ Delete                        |              |                   | ¥.,         | Sh                 | awu                 | _                       | nge Additio                           |  |
| TITLE V Delete SNELL, ROBERT STREET ADDRESS CITY-ST-ZIP POLY K: Chey F / 3468 PAddition NAME STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34690 TITLE NAME TERRILL, III ROBERT L. STREET ADDRESS OTTY-ST-ZIP TARPON SPRINGS, FL 34689 TITLE NAME TERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP TERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP POLY ROBERT L. STREET ADDRESS CITY-ST-ZIP TERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL DELETE TERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL DELETE TERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP TOORESS CITY-ST    | 1  |   |                                 |              |                   | PLI         | Way Mach           | chestu              | r Rd                    |                                       |  |
| TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO Delete  TITLE  T  NAME  STREET ADDRESS  CITY-ST-ZIP  TO Delete  TITLE  T  NAME  STREET ADDRESS  CITY-ST-ZIP  TO Delete  TITLE  T  NAME  STREET ADDRESS  CITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO DELETE  TO DELET    |  |   |                                 |              |                   | 708         | برويل المحال       | F13                 | 4168                    |                                       |  |
| NAME STREET ADDRESS 2340 STAGHORN DR HOLIDAY, FL 34690  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689  TITLE TARPON SPRINGS, FL 34689  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655  CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655  CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST    | TITLE  |   | □ Delete                        | TITL         | E                 | 11          | 17.0169            |                     |                         | nge Additio                           |  |
| CITY-ST-ZIP  HOLIDAY, FL 34690  CITY-ST-ZIP  TERRILL, III ROBERT L. SIREET ADDRESS CITY-ST-ZIP  TARPON SPRINGS, FL 34689  CITY-ST-ZIP  TARPON SPRINGS, FL 34689  CITY-ST-ZIP  TERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP  TITLE  TERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP  TITLE  TO Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TO Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TO DELET  TITLE  TO DELET  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TO DELET  TITLE  TO DELET  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Change Addition   | NAME   | SNELL, ROBERT                                       |                                 | NAM          | tE                | W           | - IKES !           | mothy               |                         |                                       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689  TERRILL, III ROBERT L. 918 GAINSWAY DR TARPON SPRINGS, FL 34689  TITLE TERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP TERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP TITLE TERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP TITLE VP NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655  CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 'ſ   | · -   |                                 | 4            |                   | 16          | 56 men             | NSAIID              | ania au                 | , ,                                   |  |
| NAME STREET ADDRESS CITY-ST-ZIP TILLE TTERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP TILLE TTERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP TILLE TOURDESS CITY-ST-ZIP TILLE TOURDESS CITY-ST-ZIP TILLE VP LINDSTEDT, MATTHEW TODD STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP LINDSTEDT, MATTHEW TODD STREET ADDRESS CITY-ST-ZIP TITLE VP REE-VES, CLINT NAME STREET ADDRESS CITY-ST-ZIP TITLE VP REE-VES, CLINT NAME STREET ADDRESS CITY-ST-ZIP TITLE VP REE-VES, CLINT NAME STREET ADDRESS CITY-ST-ZIP TITLE VC REE-VES, CLINT P.O. BOX 988 CRYSTAL BEACH, FL 34681 CITY-SI-ZIP  CITY-SI-ZIP CRYSTAL BEACH, FL 34681  CITY-SI-ZIP  CRASS-CURV-SI-ZIP CITY-SI-ZIP  CITY-SI-ZIP CRASS-CURV-SI-ZIP CRYSTAL BEACH, FL 34681  CITY-SI-ZIP  CITY-SI-ZIP CRASS-CURV-SI-ZIP C    |  |   |                                 | _            | -                 |             | -Im Har            | by F                |                         | · · · · · · · · · · · · · · · · · · · |  |
| STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689  TITLE TERRILL, MARY C. STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP LINDSTEDT, MATTHEW TODD STREET ADDRESS CITY-ST-ZIP TITLE VP NAME STREET ADDRESS CITY-ST-ZIP TITLE VP NAME STREET ADDRESS CITY-ST-ZIP TITLE VP NEW PORT RICHEY, FL 34655  CITY-ST-ZIP TITLE VP NEW PORT RICHEY, FL 34655  CITY-ST-ZIP TITLE VP NEW PORT RICHEY, FL 34655  CITY-ST-ZIP TITLE VP NEW PORT RICHEY, FL 34681  CITY-ST-ZIP CRYSTAL BEACH, FL 34681  CITY-ST-ZIP CRYSTAL BEACH, FL 34681   | I  |   | ∟] Delete                       |              |                   | V           | عدد نجاد           | George              | ☐ Cha                   | nge Additio                           |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE VP LINDSTEDT, MATTHEW TODD STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP TITLE V REEVES, CLINT NAME STREET ADDRESS CITY-ST-ZIP CRYSTAL BEACH, FL 34681 CITY-ST-ZIP CRYSTAL BEACH, FL 34681 CITY-ST-ZIP CRASS CITY-ST-ZIP CRASS CITY-ST-ZIP CRYSTAL BEACH, FL 34681  CITY-ST-ZIP CRASS CITY-ST-ZIP CRASS CITY-ST-ZIP CRASS CITY-ST-ZIP CRASS CITY-ST-ZIP CRYSTAL BEACH, FL 34681  CITY-ST-ZIP CRASS     | i  | · ·   |                                 |              |                   | 777         | 33 Dala            | _ D1 '              |                         |                                       |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE VP LINDSTEDT, MATTHEW TODD STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP TITLE V REEVES, CLINT NAME STREET ADDRESS CITY-ST-ZIP CRYSTAL BEACH, FL 34681 CITY-ST-ZIP CRYSTAL BEACH, FL 34681 CITY-ST-ZIP CRASS CITY-ST-ZIP CRASS CITY-ST-ZIP CRYSTAL BEACH, FL 34681  CITY-ST-ZIP CRASS CITY-ST-ZIP CRASS CITY-ST-ZIP CRASS CITY-ST-ZIP CRASS CITY-ST-ZIP CRYSTAL BEACH, FL 34681  CITY-ST-ZIP CRASS     | CITY-ST-ZIP  | TARPON SPRINGS, FL 34689                            |                                 |              |                   | 70          | + Rich             | eu Fl               | 34668                   |                                       |  |
| STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL  TITLE VP LINDSTEDT, MATTHEW TODD STREET ADDRESS CITY-ST-ZIP  TITLE VV NAME STREET ADDRESS CITY-ST-ZIP  TITLE VV NEW PORT RICHEY, FL 34655  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE V REEVES, CLINT P.O. BOX 988 CITY-ST-ZIP CRYSTAL BEACH, FL 34681  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP CRYSTAL BEACH, FL 34681   | THE  | T   | ☐ Delete                        | TITL         | E                 | •           |                    | 4                   | ☐ Cha                   | nge 🔲 Additir                         |  |
| CITY-ST-ZIP PALM HARBOR, FL CITY-ST-ZIP  TITLE VP CHANGE CHANGE NAME LINDSTEDT, MATTHEW TODD STREET ADDRESS 7605 JENNER AVE STREET ADDRESS CITY-ST-ZIP  TITLE V REEVES, CLINT P.O. BOX 988 CITY-ST-ZIP CRYSTAL BEACH, FL 34681  CITY-ST-ZIP CRYSTAL BEACH, FL 34681   | 1  | i i   |                                 |              |                   |             |                    |                     |                         |                                       |  |
| TITLE VP LINDSTEDT, MATTHEW TODD NAME STREET ADDRESS 7605 JENNER AVE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655  TITLE V REEVES, CLINT NAME STREET ADDRESS P.O. BOX 988 CITY-ST-ZIP CRYSTAL BEACH, FL 34681  TITLE CRYSTAL BEACH, FL 34681  | ì  |   |                                 |              |                   |             |                    |                     |                         |                                       |  |
| NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655  CITY-ST-ZIP NAME NAME REEVES, CLINT P.O. BOX 988 CITY-ST-ZIP CRYSTAL BEACH, FL 34681  NAME STREET ADDRESS CITY-ST-ZIP  NAME CRYSTAL BEACH, FL 34681  NAME STREET ADDRESS CITY-ST-ZIP CRYSTAL BEACH, FL 34681   |  |   | <u> </u>                        |              |                   | •           |                    | <del></del>         |                         |                                       |  |
| STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP  TITLE NAME REEVES, CLINT P.O. BOX 988 CITY-ST-ZIP CRYSTAL BEACH, FL 34681 STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP CRYSTAL BEACH, FL 34681 STREET ADDRESS CITY-ST-ZIP   | 1  | 1   |                                 |              |                   |             |                    |                     | L_1 Una                 | nge 📖 Addılı                          |  |
| TITLE V Delete TITLE Change Addition  NAME REEVES, CLINT STREET ADDRESS P.O. BOX 988 CITY-S1-ZIP CRYSTAL BEACH, FL 34681  TITLE CHANGE STREET ADDRESS CITY-S1-ZIP   | 1  | · · · · · · · · · · · · · · · · · · ·               |                                 | •            | -                 |             |                    |                     |                         |                                       |  |
| NAME         REEVES, CLINT         NAME           STREET ADDRESS         P.O. BOX 988         STREET ADDRESS           CITY-ST-ZIP         CRYSTAL BEACH, FL 34681         CITY-ST-ZIP  | CITY-\$T-ZIP   | 1   | 5                               |              |                   |             |                    |                     |                         |                                       |  |
| NAME         REEVES, CLINT         NAME           STREET ADDRESS         P.O. BOX 988         STREET ADDRESS           CITY-ST-ZIP         CRYSTAL BEACH, FL 34681         CITY-ST-ZIP  | TITLE  | 1 *   | ☐ Delete                        | TITL         | E                 |             |                    |                     | ☐ Cha                   | rige 🔲 Additio                        |  |
| CITY-ST-ZIP CRYSTAL BEACH, FL 34681 CITY-ST-ZIP   |  | •   |                                 | 1            |                   |             |                    |                     |                         | -                                     |  |
|   |  |   |                                 |              |                   | İ           |                    |                     |                         |                                       |  |
|   |  | <u> </u>  | th this filing does not availed |              |                   | ontoioc     | d in Charter 110   | Elozido Canada      | I further a sail st = s | the inference                         |  |

indicated on this report or suppliemental 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: Court 7 Limity Robert LTw: 11 J 4-5-07 727-942-2205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytone Phone #