## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 16, 2007 8:00 am Secretary of State

03-16-2007 90020 018 \*\*\*150 00

1. Entity Nam	MEN   # P95000059 PMES, INC.				03-16-200	7 90020 (	718 ****1	30.00	
Principal Place of Business 4711 HWY. 17 SOUTH B-2 # 1 ORANGE PARK, FL 32003		Mailing Address P.O. BOX 1381 ORANGE PARK, FL 32067			2000	)685 <u>9</u>	El 41037 B(f21 110	/T.B.I II /E-B!	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Number 59-3333		***************************************		plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		8.75 Addi ee Required	
	6. Name and Address of Current	N	7. Name and Address of New Registered Agent Name						
MCWILLIAMS, A.E. 4711 HWY 17S			Si	Street Address (P.O. Box Number is Not Acceptable)					
B-2 # 1 ORANGE PARK, FL 32003									
			С	City FL Zip Code					э
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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9, Election Campa	ign Financing	\$5.	.00 May Be				
10.	OFFICERS AND		11.		ADDITIONS/O	CHANGES TO OFFI	ICERS AND I	DIBECTORS	S IN 11
TITLE	Р	☐ Delete	TITLE		7,00,110,10,10			☐ Change	Addition
NAME STREET ADDRESS	I		NAME STREET AD	DRESS					
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-Z	iP .					
TITLE NAME	140141111111111111111111111111111111111		TITLE NAME					Change	☐ Addition
STREET ADDRESS			STREET AD	Dress					
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-Z	IP					
TITLE NAME	BIAS, BETTE	☐ Delete	NAME	İ				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	4711 HWY 17 S. #8		STREET AD	l l					
TITLE	ORANGE PARK, FL 32073	□ Delete	CITY-ST-Z	ır i				☐ Change	☐ Addition
NAME		_ Bolott	NAME	1					
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-2						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			name Street ad	00000					-
CITY-ST-ZIP			CITY-ST-2	1					
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET AD	DRESS					
CITY-ST-ZIP			CITY-ST-	IP I					
12. I hereby indicated	certify that the information supplied wit fon this report or supplemental report i	h this filing does not qualify for strue and that	or the exemp my signature	tions contained shall have the	d in Chapter 119, same legal effect	Florida Statutes. I as if made under	further certif path; that I ar	iy that the in m an officer	nformation or director

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.

SIGNATURE: X JULIANUM A.E.M. WILLIAMS 3/13/07 (904) 364-5006

SIGNATURE: Daytone Phone Pho