2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000001196

1. Entity Name
METHENY & CO.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 10 AM 9:25

Principal Place of Business	Mailing Address
1551 BAMBOO CIRCLE FORT MYERS, FL 33901 US	PO BOX 1631 FORT MYERS, FL 33902 US

01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0632497 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
METHENY, MARVIN L C.P.A. 1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL 33919	Name Street Address (P.O. Box Number is Not Acceptable): 1404 DEAN ST #100 City: FT MYERS FL Zip Code: 33901

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

400085633104
01/23/07--01003--009 **200.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METHENY, MARVIN L C.P.A. 1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D MARVIN L. METHENY 1404 DEAN ST. #100 FT MYERS, FL 33901 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] PMS 1-4-07 239.333-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #