2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2007 08:00 AM DOCUMENT # P96000002736 **Secretary of State** 1. Entity Name STEAMATIC OF VOLUSIA INC. Principal Place of Business Mailing Address 314 N SEAGRAVE 314 N SEAGRAVE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, ctc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3357645 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASHAM, DANNY W 314 N SEAGRAVE Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 City Zip Codo 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ☐ Change ☐ Addition mir BASHAM, DANNY W NAME U00000653096 03/13/07-80006-016 150.00 314 N SEGRAVE ST STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CHY-ST-ZIP CITY+ST-ZIP IME ☐ Delete IIILE ☐ Change Addition NAME NAMI STREET ADORESS STRIFT ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delcte DUE - Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP IIDE Delcie HEF ☐ Change ☐ Addition NAMI NAMI. STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TIME Delcie TOTALE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7/P UHE ☐ Delete HILE Change Addition NAMI. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

386-252-336