## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 11, 2007 8:00 am Secretary of State **DOCUMENT # P96000034072** 04-11-2007 90029 049 \*\*\*150.00 THE CANON AGENCY, INC. Principal Place of Business Mailing Address PO BOX 781 PO BOX 781 VENICE, FL 34284-0781 VENICE, FL 34284-0781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 65-0660751 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONNA PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA RD. SOUTH SARASOTA, FL 34233 E. DOUGLAS 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 the obligations of registered agent. SIGNATURE (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. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD ■ Addition TITLE ☐ Defete TITLE ☐ Change NAME CANON, DONNA J NAME STREET ADDRESS 945 E. DOUGLAS CT. STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 CITY-ST-ZIP VPSD TITLE ☐ Detete TITLE ☐ Change ☐ Addition CANON, W.C. NAME NAME STREET ADDRESS 945 E. DOUGLAS CT. STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Addition CANON, STEVEN C. NAME CANON, STEVEN C NAME 8222 NORTH POINTE BLUD. STREET ADDRESS 2101 SCENIC HIGHWAY, #F-202 STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-7IP TILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TENE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 11 in changed, or on an attachment with an address, with all other fixe empowered. Drivi 8-1879 SIGNATURE: