2007 FOR PROFIT CORPORATION

FILED Apr 23, 2007 8:00 am

DOCUMENT # P96000063610	ANNUAL REPORT							Secretary of State					
Principal Place of Dusmes	1. Entity Name												
2. Principal Place of Business - No P.O. Box # 3. Maining Address 3. Maining Address 4. Fe Number 4.													
250 BRILLANE BOX 19100 PENSACOLA, FL 32523-9100 US PENSACOLA, FL 32523-9100 US PENSACOLA, FL 32523-9100 US PENSACOLA, FL 32503 PENSACOLA, FL 32523-9100 US PENSACOLA, FL 32503 PENSA	Principal Plac	e of Business		Mailing Address			4 H D L J O I -						
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. Quezoor Chg.P CR2E034 (12/06) Coy & State Ciry & State Ciry & State Country Zip Country S. Certificate of Status Desired S8.7.5 Autiliary Mary Appricable S9.3.331229 Mary Appricable S9.3.3.31239 Mary Appricable S9.3.3.31239 Mary Appricable S9.3.3.31229 Mary Appricable S9.3.3.31239 Mary Appricable S9.3.3.3.31239 Mary Appricable S9.3.3.31239 Mary Appricabl					BOX 19100			•					
2. Principal Place of Business - No PO, Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHy & State Chy	PENSACOLA,	FL 32503		PENSACOLA,	PENSACOLA, FL 32523-9100 US			•					
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Cay & State Cay & State Cay & State Cay & State A. FEI Number Sp-3391229 Mol Applied For Sp-3391229 Mol Mol Applied For Sp-3391229 Mol Mol Applied For Sp-3391229 Mol Mol Mol Applied For Sp-3391229 Mol Applied For Sp-3391229 Mol Mol Applied For Sp-3391229 Mol Applied For Sp-3391229 Mol Mol Applied For Sp-3391229 Mol Applied For Sp-3391229 Mol Applied For Sp-3391229 Mol Mol Applied For Sp-3391229 Mol Applied For Sp-339129 Mol Applied Fo	• •												
City & State City & State City & State City & State State State September S	2. Principal P	Place of Busine	iss - No P.O. Box #	3. Mailing Address									
Part Country Part Country Part Country Part Country Part Pa	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04022007	Chg-P	CR2E0	34 (12/06)			
S. Certificate of Status Desired St. Certificate of Status Desired Stee Required Stee Re	City & State			City & State				1					
HORTON, ARLIN R DR 250 BRENT LANE PENSACOLA, FL 32503 8. The above named entity submist his statement for the purpose of changing its registered agent, or both, in the State of Florida. Item familiar with, and accept the obligations of registered agent. SIGNATURE Symbol Symb	Zìp	p Country		Zip Coun		ountry							
HORTON, ARLIN R DR 250 BRENT LANE PENSACOLA, FL 32503 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Title Now limits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I fam familier with, and accept the obligations of registered agent. PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Addition Name HORTON, ARLIN R DR STIERT ADDRESS STIERT ADDRESS CITY-ST-12P PENSACOLA, FL 32503 TITLE TITLE ORAWFORD, WILLIAM OBJ CRAWFORD, WILLIAM OBJ STALBAN OFFISSION OFFI		6. Name	and Address of Current	Registered Agent	t			7. Name and	d Address of New	Registered A	Agent		
Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City City City FL Zip Code City City FL Zip Code Code Code Code City	HORTON	ARI IN R I)R			Name							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Vam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, systed or printed name of registered agent and tell applicable. (PCTE: Registered Agent Agent Registered Agent Agen	250 BREN	IT LANE			Street Address			P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I fam familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! 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 ITIE NAME HORTON, ARLIN R DR 250 BRENT LANE PENSACOLA, FL 32503 TITLE ORAWFORD, WILLLIAM SIREE JADRESS CITY-ST-2P PENSACOLA, FL 32503 TITLE ORAWFORD, WILLLIAM SIREE JADRESS CITY-ST-2P Delete TITLE ORAWFORD, WILLLIAM SIREE JADRESS CITY-ST-2P TITLE ORAWFORD, WILLIAM SIREE JADRESS CITY-ST-2P TITLE ORAWFORD, WILLIAM SIREE JADRESS CITY-ST-2P ORAWFORD, WILLIAM SIREE JADRESS CITY-ST-2P TITLE ORAWFORD, WILLIAM SIREE JADRESS CITY-ST-2P TITLE ORAWFORD, WILLIAM SIREE JADRESS CITY-ST-2P Change Addition NAME SIREE JADRESS SIREE J	PENGAGOLA, PE 32303										ļ		
SIGNATURE Spreakre, boed or printed name of registered agent and set if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE HORTON, ARLIN R DR SIREE ADDRESS CITY-ST-ZIP FILE ST INLE HORTON, DR. REBEKAH SIREE ADDRESS CITY-ST-ZIP FENSACOLA, FL 32503 TITLE OCRAWFORD, WILLIAM SIREE ADDRESS CITY-ST-ZIP FENSACOLA, FL 32503 TITLE D Delete NAME SIREE ADDRESS CITY-ST-ZIP FENSACOLA, FL 32503 TITLE OCRAWFORD, WILLIAM SIREE ADDRESS CITY-ST-ZIP FENSACOLA, FL 32503 TITLE D Delete NAME SIREE ADDRESS CITY-ST-ZIP FENSACOLA, FL 32503 TITLE D Delete NAME SIREE ADDRESS CITY-ST-ZIP FENSACOLA, FL 32503 TITLE D Delete NAME SIREE ADDRESS CITY-ST-ZIP FENSACOLA, FL 32503 TITLE D Delete NAME SIREE ADDRESS CITY-ST-ZIP FENSACOLA, FL 32503 TITLE D Delete NAME SIREE ADDRESS CITY-ST-ZIP FENSACOLA, FL 32503 TITLE D CHAMP, PAUL SIREE ADDRESS CITY-ST-ZIP FENSACOLA, FL 32503 TITLE D CHAMP, PAUL SIREE ADDRESS CITY-ST-ZIP TITLE SIREE ADDRESS CITY-ST-ZIP SIREE ADDRESS SIREE ADDRESS CITY-ST-ZIP SIREE ADDRESS CITY-ST-ZIP SIREE ADDRESS CITY-ST-ZIP SIREE ADDRESS SIREE ADDR										FL	Zip Code	•	
SIGNATURE	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												
NOTE Repaired Appent any parker of requisited agent and set of egistered Appent an	and designation of registrated digent.												
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PHORTON, ARLIN R DR SIREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE DOHAM, PAUL STREET ADDRESS CITY-ST-ZIP TITLE DOHAM, PAUL STREET ADDRESS CITY-ST-ZIP TITLE TITLE DOHAM, PAUL STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DOHAM, PAUL STREET ADDRESS CITY-ST-ZIP TITLE DOHAM, PAUL STREET ADDRESS CITY-ST-ZIP TITLE DOHOM STREET ADDRESS CITY-ST-ZIP Delete TITLE TITLE DOHOM STREET ADDRESS CITY-ST-ZIP Delete TITLE DOHOM STREET ADDRESS CITY-ST-ZIP Delete TITLE TITLE DOHOM STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP DELET DELET TITLE DOHOM STREET ADDRESS CITY-ST-ZIP DELET DELET TITLE DOHOM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELET TITLE DOHOM STREET ADDRESS STREET								when reinstating)		DATE			
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11.			<u> </u>					. ,					
TITLE	FILE NOW!!! FEE 19 \$ 130:00							.00 May Be ed to Fees					
TITLE						11		ADDITIONS	/CHANGES TO O	EEICERS AND	OIRECTORS	S IN 11	
STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE ST HORTON, DR. REBEKAH STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE OCRAWFORD, WILLIAM GOST ST ALBAN PENSACOLA, FL 32503 TITLE DAMAE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STR		Р						7,001110110	7011741020100	TIOLIO AVE	-		
CITY-ST-ZIP	_	· ·						·			ļ		
TITLE NAME HORTON, DR. REBEKAH 250 BRENT LANE 250 B													
MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CRAWFORD, WILLIAM 6067 ST ALBAN PENSACOLA, FL 32503 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STR							-				Channe	☐ Addition	
CITY-ST-ZIP TITLE D CRAWFORD, WILLIAM STREET ADDRESS CITY-ST-ZIP TITLE D OHAM, PAUL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP D OHAM, PAUL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		HORTON,	DR. REBEKAH	٥	1					Onango			
TITLE CRAWFORD, WILLIAM STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP TITLE OHAM, PAUL OHAM, PAUL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET A													
NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	-		LA, FL 32503					-					
STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	i e		RD. WILLIAM			1					L Change	☐ Addition	
TITLE NAME OHAM, PAUL STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						1							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP	PENSACO	LA, FL 32503			CITY-ST-ZIP		.					
STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		. –	t II			1					Change	Addition	
CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						1							
NAME STREET ADDRESS C(TY-ST-ZIP) TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS						l l							
STREET ADDRESS C(TY-ST-ZIP) TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADD	TATLE		-		Delete	TITLE					Change	☐ Addition	
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS	1					1							
TITLE NAME STREET ADDRESS Delete TITLE Change Addition NAME STREET ADDRESS	1					- 1							
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS				П							Change	Addition	
	NAME			_		- 1							
	l i					l l						į	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR