2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# P96000078149

Entity Name: ENGLISH LIQUIDATING, INC.

Current Principal Place of Business:

1405 US HIGHWAY 17 S
WAUCHULA, FL 338730212

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 218
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 59-3404464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENGLISH, DANA B
1405 US HIGHWAY 17 S
WAUCHULA, FL 338730212 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ENGLISH, DANA
Address: 1405 US HIGHWAY 17 SOUTH
City-St-Zip: WAUCHULA, FL 33873

Title: VP ( ) Delete
Name: ENGLISH, IDANIA
Address: 1405 US HIGHWAY 17 SOUTH
City-St-Zip: WAUCHULA, FL 33873

Title: VP ( ) Delete
Name: CANARY, DONALD
Address: 1405 US HIGHWAY 17 SOUTH
City-St-Zip: WAUCHULA, FL 33873

Title: T ( ) Delete
Name: ENGLISH, BETHEL T
Address: 1405 US HIGHWAY 17 SOUTH
City-St-Zip: WAUCHULA, FL 33873

Title: AS ( ) Delete
Name: SMITH, LORRAINE
Address: 1405 US HIGHWAY 17 SOUTH
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change ( ) Addition
Name: SMITH, LORRAINE M
Address: 1405 US HIGHWAY 17 SOUTH
City-St-Zip: WAUCHULA, FL 33873

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE M SMITH AS 04/13/2007
Electronic Signature of Signing Officer or Director — Date