2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P96000086129 04-27-2007 90219 014 ***150.00 1. Entity Name MARSH & HALL, INC. Principal Place of Business Mailing Address 3702 FIRST AVENUE WEST 3702 FIRST AVENUE WEST BRADENTON, FL 34205-2612 BRADENTON, FL 34205-2612 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4100 S. Ferdon Blud 4100 S. Ferdon Blud Suite, Apt. #, etc. Suite, Apt. #, etc. 04152007 Chg-P CR2E034 (12/06) Suite B-2 Suire B-2 City & State City & State Applied For 4. FEI Number CRESTVIEW CRESTVIEW FL 65-0703933 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32536 Okaloosa Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LASSETER, MARY MARSH Street Address (P.O. Box Number is Not Acceptable) 3702 FIRST AVENUE WEST BRADENTON, FL 34205-2612 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE:NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Detete TITLE ☐ Change ☐ Addition LASSETER, MARY MARSH NAME NAME 3702 FIRST AVENUE WEST STREET ADDRESS STREET ADDRESS **BRADENTON, FL 342052612** CITY-ST-ZIP CITY-ST-ZIP DCIIFTONHALL TITLE ☐ Delete ☐ Change **X** Addition Chiteren NAME NAME 4100 S. FERDON Blud. Suite B-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-St-78 Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 changed, or on an attachment with an address, with all other like empowered.

FILED