2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCLIMENT # POSCOCOSCO

FILED Mar 15, 2007 08:00 AM Secretary of State

1. Entity N						<i>,</i>
Principal P	Place of Business M	lailing Address	•			
		10 S LAKE AVENUE LAKE BUTLER, FL 32054				
						1
	DO NOT WOITE II	N THIS SDA	CE.	01092007 No Ch	ig-P CR2I	E034 (11/05)
	DO NOT WRITE II	N I IIIS SPA	CE	4. FEI Number 59-3414862		Applied For Not Applicable
				5. Certificate of Status D	esired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	stered Agent	<u> </u>			
GAFFORD, FRANK M 228 EAST DUVAL STREET LAKE CITY, FL 32055			DO NOT WRITE IN THIS SPACE			
the obli	ove named entity submits this statement for the igations of registered agent.	purpose of changing its register	ed office or registe	red agent, or both, in the St	ate of Florida. I a	m familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered			ed Agent signature require	signature required when reinstating) DATE		
	FILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be		
10.	OFFICERS AND DIRE	CTORS				
TITLE	PD					
NAME	WILSON, WILLIAM S					

THE

U00000667045 03/26/07-80012-021 150.00

DO NOT WRITE IN THIS SPACE

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:

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

10 S. LAKE AVENUE

LAKE BUTLER, FL 32054

GNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

rokila

386-441-988B