2007-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P97000008424 Apr 12, 2007 08:00 AM **Secretary of State** AARDVARK & ASSOCIATES INC. Principal Place of Business Mailing Address 9625 CRESCENT ROAD ODESSA FL 33556 PO BOX 594 ODESSA FL 33556 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suito, Apt. #, otc. Suite, Apt #. etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-3424205 Not Applicable Country \$8.75 Additional Ζıρ Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTINEZ, NANCY Street Address (P.O. Box Number is Not Acceptable) 9625 CRESCENT ROAD ODESSA FL 33556 Zip Codo City 8. The above named ontity 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 it applicable (NOTE; Registered Agent's gnature required when reinstating) TIAG FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE Delete TITLE MICHAEL, MARTINEZ NAME UDDDDDD701998 9625 CRESCENT ROAD STREET ADDRESS STREET ADDRESS 04/20/07-80080-013 150.00 ODESSA FL 33556 CITY-ST-7P CHY-ST-ZIP ☐ Change Addition 🔲 Defete THLE ШЦГ MARTINEZ, NANCY NAME. NAMI 9625 CRESCENT ROAD STREET ADDRESS STRUCT ADDRESS ODESSA FL 33556 CITY - ST-ZIP CITY-ST-ZIP [] Change Addition Delete HILE MARTINEZ, STEVEN NAMI NAMI 9625 CRESCENT RD STREET ADDRESS STREET ADDRESS ODESSA FL 33556 CITY-ST-ZIP CITY-S1-ZIP ☐ Change Addition ☐ Delete THE NAME STREEL ADDRESS STREET ADDRESS CITY-\$1-7IP CITY-ST-7IP Change ☐ Addition Delete THUE NAME NAMI. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY: S1-7IP ☐ Addition ☐ Change Delete TITLE NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect 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 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 OF TRECTOR

Date

Daytime Phone #