2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2007 08:00 All Secretary of State DOCUMENT # P97000054180 VERNIS & BOWLING OF NORTHWEST FLORIDA, P.A. Principal Place of Business Mailing Address 315 S. PALAFOX STREET 884 US HIGHWAY 1 PENSACOLA, FL 32502 NORTH PALM BEACH, FL 33408 02032007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0761842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOWLING, ROBERT C DO NOT WRITE 1680 N.E. 135TH STREET NORTH MIAMI, FL 33181 IN THIS SPACE 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. U00000064a&54 Signature, typed or printed name of in pisteriid agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) 03/07/07-80042-007 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE BOWLING, ROBERT W NAME 1680 NE 135TH ST STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL. 33181 VD TITLE VERNIS, G J NAME STREET ADDRESS 884 US HIGHWAY ONE CITY-ST-ZIP NORTH PALM BEACH, FL 33408 THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-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 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 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 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 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 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 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 of the corporation or the receiver or this report of the corporation or the receiver or this report of the corporation or the receiver of the corporation of the receiver of the corporation or the recei

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AN

RINTED NAME OF SIGNING DEFICER OR DIRECTOR

561-775-9822

FILED