## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 02, 2007 08:00 AM DOCUMENT # P97000091991 **Secretary of State** RAWLS INSURANCE SERVICES, INC. Principal Place of Business Mailing Address 1272 PRINCE CT. 1272 PRINCE CT. HEATHROW FL 32746 HEATHROW FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite Apt # etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3474661 Not Applicable Zφ Country Zip Country \$8.75 Additional 5. Cortificate of Status Dosirod 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo RAWLS, SKIPPER Street Address (P.O. Box Number is Not Acceptable) 1292 PRINCE CT HEATHROW FL 32746 City Zıp 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete TITLE Change Addition RAWLS, SKIPPER NAME U00000618628 02/08/07-80038-001 150.00 NAME 1292 PRINCE COURT STREET ADDRESS STREET ADDRESS HEATHROW FL 32746 CITY-ST-ZIP CITY-ST-ZIP Delete Change TILLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DHE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP THE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP

12. I hereby 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 logal effect 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:

SKIPPER H. RAWB

FILED