## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Secretary of State 02-15-2007 90041 030 \*\*\*150.00 DOCUMENT # P98000024424 LEWIS & JURNOVOY, P.A. ZUU1/043 Principal Place of Business Mailing Address 236 W GARDEN ST. 236 W GARDEN ST. SUITE 4 SUITE 4 PENSACOLA, FL 32502 PENSACOLA, FL 32502 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1100 Nordh Suite, Apt. #, etc. 02112007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 59-3497634 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JURNOVOY, STEVEN D Street Address (P.O. Box Number is Not Acceptable) 236 W GARDEN ST SUITE 4 1100 North PalaFox St PENSACOLA, FL 32502 Zip Code 32.50 City 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 registeres agent. Steven 1. JURNOUS 2-11-07 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 TITEF ☐ Delete TITLE JURNOVOY, STEVEN D NAME NAME 1100 North Palaton: St Prusacola FC 32501 STREET ADDRESS 236 W GARDEN ST., STE. 4 STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32502 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME LEWIS, MARTN S NAME 1100 North PalaFea St PENSACULA FL 32501 STREET ADDRESS 236 W GARDEN ST., STE 4 STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32502 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 15, 2007 8:00 am