2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 8:00 am Secretary of State DOCUMENT # P98000040941 01-29-2007 90079 007 ***150 00 BRASWELL'S FINEST KIND, INC. Principal Place of Business Mailing Address P.O. BOX 500313 675-26TH STREET MARATHON, FL 33050 MARATHON, FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 375 2 (Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 65-0830597 Not Applicable Marathon **Country** Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 305C 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRASWELL, DONALD Street Address (P.O. Box Number is Not Acceptable) **675-26TH STREET** MARATHON, FL 33050 City Zip 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. Donald ? roswell SIGNATURE. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME BRASWELL, DONALD R NAME STREET ADDRESS **675-26TH STREET** STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-7IP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 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

FILED