2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P98000071270 04-30-2007 90832 008 ***150.00 FERGIE'S TOLE SHOP, INC. Principal Place of Business Mailing Address 40092100 13223 114TH ST NORTH 13223 114TH ST. NO. LARGO, FL 33778 LARGO, FL 33778 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6940 ZIEGLER ST 6940 ZIEGLER ST Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 CR2E034 (12/06) Cha-P City & State City & State ▲ FEL Number Applied For MI TAYLOR 59-3528456 Not Applicable Country Country \$8.75 Additional 48180 8180 5. Certificate of Status Desired USA UJA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALKINS, PATRICIA R Street Address (P.O. Box Number is Not Acceptable) 5571 66TH AVE NORTH PINELLAS PARK, FL 33781 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. / 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition FERGUSON, PATRICK E NAME NAME STREET ADDRESS 13223 114TH ST. NO. STREET ADDRESS CITY-ST-ZIP LARGO, FL 33778 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition FERGUSON, SHARON NAME NAME STREET ADDRESS 13223 114TH ST. NO. STREET ADDRESS LARGO, FL 33778 CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 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 Delete Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

FERGUSON

PATRICK E

FILED