2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation of the receiver or trustee empowered to execute this report as required be it changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # P98000076101 1. Entity Name HARVERY KIKER ENTERPRISES, INC. Principal Place of Business Mailing Address 3601 E. RAMSEY WAY AVON PARK FL 33825 3601 E. RAMSEY WAY AVON PARK FL 33825 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0858918 Not Applicat Zip Zıp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIKER, HARVEY Street Address (P.O. Box Number is Not Acceptable) 3601 E. RAMSEY WAY AVON PARK FL 33825 Zip Code City FL 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 accepthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable CATE (NOTE Registered Agent signature required when remalating) FILE NOW!!! FEE IS \$150.00 \$5.00 May B. 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DPT Delete TITLE ☐ Change ☐ Addition ME NAME NAME KIKER, HARVEY G U00000525268 05/04/06-800**2**5-022 150**.0**0 STREET ADDRESS 3601 E. RAMSEY WAY STREET ADDRESS GITY-ST-ZIP CSIY-SI-279 AVON PARK FL 33B25 CVS Delete 7177 F Change ☐ Addition TITLE KIKER, PATRICIA J NAME NAME STREET ADDRESS 3601 E. RAMSEY WAY STREET ADDRESS CHY-ST- NO CITY-ST-ZIP AVON PARK FL 33825 ☐ Change 5 Addition ☐ Detete TITLE taue NAME NAMO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition ☐ Defete THE THE MAME NAME STREET ADURESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP Change ☐ Defete Addition THLE THE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE € Dolete Change Addition 31TLE NAM MAAN STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes: (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 it made under path; that I am an officer or director of 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

FILED