2007 FOR PROFIT CORPORATION ANNUAL REPORT -

Jul 11, 2007 8:00 am **Secretary of State DOCUMENT # P98000078865** 07-11-2007 90074 025 ***150.00 1. Entity Name STOREY/LUNDY CANE, INC. Principal Place of Business Mailing Address 4490 N. US 27 NW 4490 N. US 27 NW MOORE HAVEN, FL 33471 MOORE HAVEN, FL 33471 CR2E034 (11/05) No Chg-P 07032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0866912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STOREY, JANET 4490 N US 27 N.W. MOORE HAVEN, FL 33471 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TILE STOREY, BYRON S NAME 4490 N. US 27 NW STREET ADDRESS MOORE HAVEN, FL 33471 CITY-ST-ZIP LUNDY, ROY D JR NAME P. O. BOX 9 STREET ADDRESS MOORE HAVEN, FL 33471 CITY-ST-ZIP TITLE STOREY, JANET NAME DO NOT WRITE 4490 N US 27 NW STREET ADDRESS MOORE HAVEN, FL 33471 CITY-ST-ZIP IN THIS SPACE TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

ATTACHMENT

Dear Siro, #10124161 # P98000078865 Il received on July 1, 2007 a notification of dissolution of our corporation. On January 30, 2007, I sent a check (# 1926) \$150.00 for a filing fle along with the complete annual Keport. I contacted the Dept of State and was told they never received it. I also was instructed to file on-line but was unable to get through your program. If Il couldn't complète on-line felling Il was to send \$150 and another form and would not be penalized. Olarse contact me if there is a problem.

Sincerely, Story-Lundy Care, Inc.