2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #P99000110669 1. Entity Name K & L HOBBY, INC.						O7 MAR 26 AM 10: 24 A SALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address 41317 SILVER DR. 41317 SILVER DR. UMATILLA, FL 32784 UMATILLA, FL 32784				ſ			i ALI.AI	IASSEE,	FLÓRIÐ	Ā	
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03222007	Chg-P	CR2E	34 (12/06)		
City & State		City & State			4. FE! Number 59-3617205			Applied For Not Applicable			
Zip	Country	Zip	Zip Countr		5. Certificate					5 Additional equired	
	•••••	7. Name and Address of New Registered Agent Name									
HOBBY, KENNETH R 41317 SILVER DR.					LINDA S. HOBBY Street Address (P.O. Box Number is Not Acceptable)						
UMATILL	A, FL 32784		City	41317 Silver Drive City Umatilla FL Zip.Code 32784							
	a named entity submits this statement for	or the purpose of changing its	s register			Umatill ed agent, or bo		FL Florida, I am			
the obligations of regristered agent. SIGNATURE Signature, typed or printed name of regretared agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
An	nended AR is \$61.25	9. Election Campa Trust Fund Con	aign Finar		\$5.	00 May Be			<u> </u>		
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	1			E ET AOORESS	413	NDA S. HOBBY 317 Silver Drive					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOBBY, KËNNETH R 41317 SILVER DR. UMATILLA, FL 32784	XXOelete		E	Uma	tilla,	FI. 32784-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYNOLDS, WAYNE M 19050 PARK PLACE BLVD EUSTIS, FL 32736	☐ Delete				- a	0 0095 5/07010			Addition 25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYNOLDS, RITA 19050 PARK PLACE BLVD EUSTIS, FL 32736	☐ Delete		- 1					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A3/30	☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	☐ Delete		į.					☐ Change	Addition :	
indicated of the co changed	certify that the information supplied with on this report or supplemental report in poration or the receiver or trustee emptor, or on an attachment with an address,	is true and accurate and that sowered to execute this report with all other like empowered	my signat t as requir t.	ture shall have	e the s er 607,	ame legal effe , Florida Statut	ct as if made unde	er oath; that I a	am an officer	or director	
SIGNAT	SIGNATURE AND TYPED OR	PRINTED MAME OF BIGNING OFFICER			~ <u>1</u>		Date	D	laytime Phone #		