2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

1. Entity Nam		# S04934 Y, INC.						04-25-2007	90169 03	33 ***150.	00
Principal Plac	e of Business		Mailing Ad	dress		·	<u>.</u>				
2111 THOMAS DR			-	2111 THOMAS DR							
SUITE 105				SUITE 105			A				
PANAMA CITY, FL 32408				PANAMA CITY, FL 32408							
				<u> </u>							
2. Principal Place of Business - No P.O. Box #			3. Mailing /	3. Mailing Address						11111 LIUS 11111 111	
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			02012007	Chg-P	CB2	E034 (12/06)	
City & State			City & St	City & State			4. FEI Number Applied For 59-3030407 Not Applied			oplied For of Applicable	
Zip	Country		Zip	Zip Cour						\$8.75 Ad	titional
						1				Fee Require	ed
····	6. Name	and Address of Curre	nt Registered A	gent			7. Name and	Address of Ne	w Registere	d Agent	
ALLAN CI	urn i				Name						
ALLAN, SHER L 731 OAK AVENUE					Street A	ddress (F	P.O. Box Numb	er is Not Accept	able)		
PANAMA CITY, FL 32401									-		
					City				F	Zip Cod	e
<u> </u>					<u> </u>						
	e named entity tions of registe	submits this statement	for the purpose of	of changing its rec	gistered office or	r registere	ed agent, or bo	th, in the State o	f Florida. I a	m familiar with,	and accept
inc obligat	sions of registr	orça agenti									
SIGNATURE.		_ 					 				
	Signature, typed	or printed name of registered ag-	ent and little if applicable	e. (NOTE: Re	egislered Agent signal	lure required	when reinstating)		DATE	<u> </u>	
		FEE IS \$150.00 ' Fee will be \$550	I +	lection Campaign rust Fund Contribu			00 May Be ed to Fees				
10.		OFFICERS AN	ID DIRECTORS		11.		ADDITIONS	CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11
TITLE	P Delete TITL					1				Change	☐ Addition
NAME	ELGEE, CHRISTOPHER NAM					Ì			- 0	4.05	_
STREET ADDRESS	2111 THOMAS DR #104					72	111 Th	tomas	ע.אס	# 10 ~	•
CITY-ST-ZIP	FANAMA CITE BOTT, TE										
TITLE	VP Delete TITL					Ì				∠ Change	Addition
NAME STREET ADDRESS	ELGEE, MARY 2111 THOMAS DR #100					ME REET ADDRESS > 2/11 THOMAS DR., # 105					
CITY-ST-ZIP	2111 THOMAS DR #104 STRI PANAMA CITY BCH, FL CITY					7/2	-111 1	40111113	ע.אע	1100	
TITLE	77"			☐ Delete	TITLE	 	 .			☐ Change	Addition
NAME				☐ Detete	NAME	ļ				C) Change	L] Addition
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP					CITY-ST-ZIP						
TITLE	1			Delete	TITLE	<u> </u>				Change	Addition
NAME					NAME	Ì					_
STREET ADDRESS	ľ				STREET ADDRESS	ľ					
CITY - ST - ZIP					DITH OF TIP						
					CITY - ST - ZIP	ļ					
TITLE	-	-		Delete	TITLE					☐ Change	■ Addition
TITLE NAME	-			Delete	TITLE NAME					☐ Change	☐ Addition
NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET ADDRESS	1				☐ Change	Addition
NAME					TITLE NAME STREET ADDRESS CITY-ST-ZIP	,					
NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			 	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			2 Flant - C		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby dindicated of the core	i on this repor rporation or th	information supplied w tor supplemental repor e receiver or trustee en chrnent with an address	vith this filing doe t is true and accu	Delete s not qualify for the rate and that mys suite this report as	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP te exemptions congrature shall in	contained ave the s	ame legal effect Florida Statute	ot as if made und	der oath; that name annear	☐ Change ertify that the i I am an of fices	Addition Addition Information or director or director Filock 11 if
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby dindicated of the core	i on this repor rporation or th , or on an atta	t or supplemental repor e receiver or trustee en	vith this filing doe t is true and accu	Delete s not qualify for the rate and that mys suite this report as	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP te exemptions congrature shall in	contained ave the s	ame legal effect Florida Statute	at as if made und	der oath; that name annear	☐ Change ertify that the i I am an of fices	Addition Addition Information or director or director Filock 11 if