2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2006 08:00 A DOCUMENT # S44987 Secretary of State G. RICHARD HANOR, INC. Principal Place of Business Mailing Address 71 CACLE CAY DRIVE 71 CACLE CAY DRIVE VERO BEACH, FL 32963 VERO BEACH, FL 32963 US No Chg-P 02072006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0254295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FENNELL, TODD W DO NOT WRITE 979 BEACHLAND BLVD. VERO BEACH, FL 32963 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000476872 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 04/06/06-80028-009 150.00 OFFICERS AND DIRECTORS 10. DP TITLE HANOR, GEORGE R NAME STREET ADDRESS 71 CACHE CAY DRIVE CITY - ST - ZIP VERO BEACH, FL 32963 DVS TITLE HANOR, VICTORIA J NAME STREET ADDRESS 71 CACHE CAY DRIVE CITY-ST-ZIP VERO BEACH, FL 32963 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attagrment with an address, with all other like empowered

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-16