2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # S51915 1. Entity Name 03-02-2007 90022 005 ***150.00 GARRY AND DONNA SIEVERS, INC. Principal Place of Business Mailing Address 31193 AVENUE A BIG PINE KEY FL 33043 31193 AVENUE A BIG PINE KEY FL 33043 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 31193 AVENUE 31193 AVENUE A Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 65-0257530 RIG PINE BIG PINE KEY Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33043 Fee Required 45 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SIEVERS, DONNA G. 31193 AVE A BIG PINE KEY FL 33043 BIG PINE KEY Zip.Code 33043 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 DONNAG. SIEVERS Onn. SIGNATURE are, typed or printed name of regulared agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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 11. Delete HHI ☐ Change Addition IHIE SIEVERS, GARRY A. NAME NAME 31193 AVE A STRLET ADDRESS STREET ADDRESS BIG PINE KEY FL 33043 CITY ST-ZIP CITY ST ZIP ☐ Defete HITE ☐ Change ☐ Addition Ш SIEVERS, DONNA G. NAM NAMI 31193 AVE A STREET ADDRESS STREET ADDRESS BIG PINE KEY FL 33043 CHY-ST ZIP CHY SL-AP HUE □ Delete 999 Change ☐ Addinon NAMI STREET ADDRESS STREET ADDRESS CHY S1-7/P CHY ST ZIP TITLE ☐ Defete DICE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-ST-ZIP Ші Defete HID Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP Delete TOLL ☐ Change ■ Addition TITLE NAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under early 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 atlachment with an address, with all other like empowered.

GNING OFFICER OR DIRECTOR

FILED

Mar 02, 2007 8:00 am

03/22/07 305.872.9403