2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 26, 2007 08:00 AN DOCUMENT # V37350 Secretary of State DIGNITY CORPORATION Principal Place of Business Mailing Address 1536 W NEW YORK AVE 1536 WEST NEW YORK AVE. DELAND FL 32720 **DELAND FL** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 59-3127788 Not Applicable Zip ^Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROTEAUTCECIL Street Address (P.O. Box Number is Not Acceptable) 744 MOCKINGBIRD LANE DELAND FL 32720 Zip Code City 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10, Change Addition Delete TITLE TITLE PROCTOR, JEFFREY D NAME U00000649171 NAME 1515 W WINNEMISSETT AVE STREET ADDRESS STREET ADDRESS 03/07/07-80039-008 150.00 DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TATLE TITLE ☐ Delete CROTEAU, CECIL NAME 744 MOCKINGBIRD LANE STREET ADDRESS STREET ADORESS DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ח Delete TITLE TITLE BOWSER, SHERRY A NAME NAME 732 MOCKINGBIRD LANE STREET ADDRESS STREET ADDRESS DELAND FL 32720 CHY-ST-7/P CITY ST-7IP Change ☐ Addition ☐ Delete ШЕ TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Delete Change Addition Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**SIGNATURE** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos 1 further certify that the information indicated on this report or supplemental poort is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer or director of the corporation of the receiver of true technology that the information indicated on this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11

of the corporation if changed, or on