2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Jan 23, 2006 08:00 AM DOCUMENT # V48687 **Secretary of State** BAKER COUNTY STANDARD, INC. Mailing Address Principal Place of Business 2 E. MACCLENNY AVE. 2 E. MACCLENNY AVE. MACCLENNY FL 32063 MACCLENNY FL 32063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3134149 Not Applicable Ζιρ Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARR, WAYNE S Street Address (P.O. Box Number is Not Acceptable) 9682 BARBER LOOP RD MACCLENNY FL 32063 City Zio Code 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 little if applicable DATE (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May 8 9. Election Campaign Financing After May 1, 2006 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. TITLE ☐ Defete TITLE Change Addin: STARLING, TIM NAME NAME STREET ADDRESS STREET ADDRESS 6704 IRA STARLING ROAD MACCLENNY FL 32063 CITY-ST-ZIP CITY-ST-7IP TITLE S/T ☐ Delete TITLE NAME CARR, WAYNES NAME STREET ADDRESS STREET ADDRESS 9682 BARBER LOOP DRIVE CITY-ST-7IP CITY-SI-ZIP MACCLENNY FL 32063 THILE T Addition ☐ Change Delste TITLE NAME NAME CARR, WAYNES STREET ADDRESS STREET ADDRESS 9682 BARBER LOOP RD City-ST-ZIP CITY-ST-ZIP MACCLENNY FL 32063 ☐ Change Addition. TIDE Delete TITLE NAME CRAWFORD, DAVID MAME STREET ADDRESS STREET ADDRESS 1 WILDCAT DRIVE CITY-ST-7IP GLEN SAINT MARY FL 32040 CITY-ST-ZIP ☐ Addis: ☐ Change Delete TITLE TITLE KIRKLAND, DR. RONNIE O NAME MARKE PO BOX 358 STREET ADDRESS STREET ADDRESS GLEN SAINT MARY FL 32040 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addjii TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP 12. I hereby certify that the information supplied with the 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 the and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direct of the corporation or the receiver or trustee dispowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attackment with an additional statutes, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

Date