

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008**  
**Secretary of State**

DOCUMENT# N04000001141

**Entity Name:** IWO JIMA MONUMENT, INC.

**Current Principal Place of Business:**

1130 N LAKE PARKER AVE UNIT E-136  
LAKELAND, FL 33805 US

**New Principal Place of Business:**

**Current Mailing Address:**

1130 N LAKE PARKER AVE UNIT E-136  
LAKELAND, FL 33805 US

**New Mailing Address:**

**FEI Number:** 65-1216815      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCLAUGHLIN, LARRY L  
1130 N LAKE PARKER AVE UNIT E-136  
LAKELAND, FL 33805 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MCLAUGHLIN, LARRY L  
Address: 1130 N LAKE PARKER AVE UNIT E-136  
City-St-Zip: LAKELAND, FL 338054747

Title: D      ( ) Delete  
Name: KALABOKE, LOUIS L  
Address: 134 THIRD WAHNETA ST W  
City-St-Zip: WINTER HAVEN, FL 338805818

Title: D      ( ) Delete  
Name: SHEETS, CONNIE  
Address: 1030 CARACARA CIRCLE S  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY MCLAUGHLIN

D

03/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date