## **2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N95000003268

LICIE AMATEUR RADIO ASSOCIATION INC



**FILED** Apr 11, 2008 8:00 am Secretary of State

04-11-2008 90033 036 \*\*\*\*61.25

|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                   | ASSOCIATION, INC.                                          |                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                            |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------|
| P.O. BOX 74                                                                                                                                                                                                                                    | e of Business<br>61<br>CIE, FL 34985-9998                                                                                                                                                                                                                                                                                                                         | Mailing Address<br>P.O. BOX 7461<br>PORT ST. LUCIE, FL 349 | 985-9998                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                            |                                          |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                            |                                          |
| 2. Principal F                                                                                                                                                                                                                                 | Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                 | 3. Mailing Address                                         |                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EM 66M 23M 61M 19M                                                                | <b>                                    </b>                                                |                                          |
| Suite, Apt.                                                                                                                                                                                                                                    | #, etc.                                                                                                                                                                                                                                                                                                                                                           | Suite, Apt. #, etc.                                        |                                                                                                                                                                                                                                                                                                                            |                                                    | 04082008 <sub>Cl</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | hg-NP C                                                                           | R2E037 (12/06)                                                                             |                                          |
| City & State                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   | City & State                                               |                                                                                                                                                                                                                                                                                                                            |                                                    | 4. FEI Number<br>65-045201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5                                                                                 | <u> </u>                                                                                   | oplied For<br>ot Applicable              |
| Zip                                                                                                                                                                                                                                            | Country                                                                                                                                                                                                                                                                                                                                                           | Zip                                                        | Country                                                                                                                                                                                                                                                                                                                    |                                                    | 5. Certificate of St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | atus Desired [                                                                    | \$8.75 Ad                                                                                  |                                          |
|                                                                                                                                                                                                                                                | 6. Name and Address of Current                                                                                                                                                                                                                                                                                                                                    | Registered Agent                                           |                                                                                                                                                                                                                                                                                                                            |                                                    | 7. Name and Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | iress of New Regis                                                                | tered Agent                                                                                |                                          |
| FIELDS, S                                                                                                                                                                                                                                      | HERWIŃ                                                                                                                                                                                                                                                                                                                                                            |                                                            | Name                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                 |                                                                                            | _                                        |
| 5820 NW I                                                                                                                                                                                                                                      | BEGONIA AVE<br>NT LUCIE, FL 34986                                                                                                                                                                                                                                                                                                                                 |                                                            | Street Addr                                                                                                                                                                                                                                                                                                                |                                                    | O. Box Number is I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Not Acceptable)                                                                   |                                                                                            |                                          |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                            |                                          |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                   |                                                            | City                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | FL Zip Coo                                                                                 | le                                       |
| 8. The above                                                                                                                                                                                                                                   | named entity submits this statement for<br>tions of registered agent.                                                                                                                                                                                                                                                                                             | r the purpose of changing its re                           | egistered office                                                                                                                                                                                                                                                                                                           | or registere                                       | ed agent, or both, in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | the State of Florida                                                              | . I am familiar with,                                                                      | and accept                               |
| ino obliga                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | 110                                                                                        |                                          |
| SIGNATURE                                                                                                                                                                                                                                      | Sherion duly SE                                                                                                                                                                                                                                                                                                                                                   | Ce. / TREASURBA                                            |                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . 41                                                                              | 5/08                                                                                       |                                          |
|                                                                                                                                                                                                                                                | Signature, typed or printed name of registered agent                                                                                                                                                                                                                                                                                                              | and title if applicable. (NOTE:                            | Registered Agent sign                                                                                                                                                                                                                                                                                                      | ature required                                     | when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | · · · · · · · · · · · · · · · · · · ·                                             | DATE                                                                                       |                                          |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                            |                                          |
|                                                                                                                                                                                                                                                | Filing Fee is \$61.25<br>Due by May 1, 2008                                                                                                                                                                                                                                                                                                                       | 9. Election Camp<br>Trust Fund Co                          |                                                                                                                                                                                                                                                                                                                            |                                                    | \$5.00 May Be<br>Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | check payable t<br>Department of S                                                         |                                          |
| 10.                                                                                                                                                                                                                                            | Due by May 1, 2008 OFFICERS AND DIF                                                                                                                                                                                                                                                                                                                               | Trust Fund Co                                              |                                                                                                                                                                                                                                                                                                                            | <u>.</u> А                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Florida                                                                           | Department of S                                                                            | tate                                     |
| TITLE                                                                                                                                                                                                                                          | OFFICERS AND DIF                                                                                                                                                                                                                                                                                                                                                  | Trust Fund Co                                              | 11.                                                                                                                                                                                                                                                                                                                        | P                                                  | Added to Fees DDITIONS/CHANG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fiorida<br>ES TO OFFICERS A                                                       | Department of S                                                                            | tate                                     |
|                                                                                                                                                                                                                                                | OFFICERS AND DIF<br>D<br>MACLEOD, JOHN P                                                                                                                                                                                                                                                                                                                          | Trust Fund Co                                              | ntribution.                                                                                                                                                                                                                                                                                                                | P                                                  | Added to Fees DDITIONS/CHANG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fiorida  <br>ES TO OFFICERS A                                                     | Department of S  ND DIRECTORS IN  Change                                                   | tate                                     |
| TITLE<br>NAME                                                                                                                                                                                                                                  | OFFICERS AND DIF                                                                                                                                                                                                                                                                                                                                                  | Trust Fund Co                                              | 11. TITLE NAME                                                                                                                                                                                                                                                                                                             | PSTEY                                              | Added to Fees DDITIONS/CHANG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fiorida<br>ES TO OFFICERS A<br>U<br>LS NEST C                                     | Department of S  ND DIRECTORS IN  Change                                                   | tate                                     |
| TITLE<br>NAME<br>STREET ADDRESS                                                                                                                                                                                                                | Due by May 1, 2008  OFFICERS AND DIF  D  MACLEOD, JOHN P  4 SANTA CRUZ WAY                                                                                                                                                                                                                                                                                        | Trust Fund Co                                              | TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                  | P<br>STEV<br>G7<br>Por                             | Added to Fees  DDITIONS/CHANG  LOWMAN  NE OWN  T SAINT L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Florida<br>ES TO OFFICERS A<br>U<br>US NEST C                                     | Department of S  ND DIRECTORS IN  Change                                                   | tate                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                | Due by May 1, 2008  OFFICERS AND DIF  D MACLEOD, JOHN P 4 SANTA CRUZ WAY PORT SAINT LUCIE, FL 34952  D TERRY, JAMES L 442 SE VERADA AVE                                                                                                                                                                                                                           | Trust Fund Co                                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                            | P<br>STEV<br>G7<br>Por                             | Added to Fees  DDITIONS/CHANG  E LOWMAN  2 NE OWN  T SAINT L  L BBUAH  4 SW IM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Florida ES TO OFFICERS A  U LS NEST C  UCIE, FL                                   | Department of S  ND DIRECTORS IN  Change  T  Change  Change                                | tate 1 10  Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                    | Due by May 1, 2008  OFFICERS AND DIF  D MACLEOD, JOHN P 4 SANTA CRUZ WAY PORT SAINT LUCIE, FL 34952  D TERRY, JAMES L 442 SE VERADA AVE PORT SAINT LUCIE, FL 34983                                                                                                                                                                                                | Trust Fund Co                                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                | P<br>STEV<br>67<br>Por<br>VP<br>CYRI<br>258<br>Por | Added to Fees  DDITIONS/CHANG  E LOWMAN  2 NE OWN  T SAINT L  L BBUAH  4 SW IM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Florida<br>ES TO OFFICERS A<br>U<br>US NEST C                                     | Department of S IND DIRECTORS IN Change -T 34983 Change                                    | tate  1 10                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                | Due by May 1, 2008  OFFICERS AND DIF  D MACLEOD, JOHN P 4 SANTA CRUZ WAY PORT SAINT LUCIE, FL 34952  D TERRY, JAMES L 442 SE VERADA AVE                                                                                                                                                                                                                           | Trust Fund Co                                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                            | P<br>STEY<br>67<br>Por<br>CYRI<br>258<br>Por       | Added to Fees  DDITIONS/CHANG  E LOWMAN  2 NE OWN  T SAINT L  G SW IMM  AT STINT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Florida  ES TO OFFICERS A  U LS NEST C  UCIE, FL  PORT DR  LVCIE, FL              | Department of S  ND DIRECTORS IN  Change  T  Change  Change                                | tate 1 10  Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                              | Due by May 1, 2008  OFFICERS AND DIF  D MACLEOD, JOHN P 4 SANTA CRUZ WAY PORT SAINT LUCIE, FL 34952  D TERRY, JAMES L 442 SE VERADA AVE PORT SAINT LUCIE, FL 34983  VP COX, ROY 412 NW CORNELL AVE                                                                                                                                                                | Trust Fund Co                                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE                                                                                                                                                                                                      | P STEY GT POR CYRI 258 POR GEORGE                  | Added to Fees  DDITIONS/CHANG  E LOWMAN  2 NE OWN  IT SAINT L  WE BEVALL  19 SW INN  2T STINT  26 SM IT  2 | Florida ES TO OFFICERS A  US NEST C  UCIE, FL  PORT DR  LVCIE, FL  THLER  PINE CT | Department of S  IND DIRECTORS IN  Change  Change  Change                                  | tate  1 10                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                         | Due by May 1, 2008  OFFICERS AND DIF  D MACLEOD, JOHN P 4 SANTA CRUZ WAY PORT SAINT LUCIE, FL 34952  D TERRY, JAMES L 442 SE VERADA AVE PORT SAINT LUCIE, FL 34983  VP COX, ROY                                                                                                                                                                                   | Trust Fund Co                                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                               | P STEY GT POR CYRI 258 POR GEORGE                  | Added to Fees  DDITIONS/CHANG  E LOWMAN  2 NE OWN  T SAINT L  G SW IMM  AT STINT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Florida ES TO OFFICERS A  US NEST C  UCIE, FL  PORT DR  LVCIE, FL  THLER  PINE CT | Department of S  IND DIRECTORS IN  Change  Change  Change                                  | tate  1 10                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                   | Due by May 1, 2008  OFFICERS AND DIF  D MACLEOD, JOHN P 4 SANTA CRUZ WAY PORT SAINT LUCIE, FL 34952  D TERRY, JAMES L 442 SE VERADA AVE PORT SAINT LUCIE, FL 34983  VP COX, ROY 412 NW CORNELL AVE PORT SAINT LUCIE, FL 34986 D                                                                                                                                   | Trust Fund Co                                              | ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                              | P STEY GT POR CYRI 258 POR GEORGE                  | Added to Fees  DDITIONS/CHANG  E LOWMAN  2 NE OWN  IT SAINT L  WE BEVALL  19 SW INN  2T STINT  26 SM IT  2 | Florida ES TO OFFICERS A  US NEST C  UCIE, FL  PORT DR  LVCIE, FL  THLER  PINE CT | Department of S  IND DIRECTORS IN  Change  Change  Change                                  | tate  1 10                               |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS                 | Due by May 1, 2008  OFFICERS AND DIF  D MACLEOD, JOHN P 4 SANTA CRUZ WAY PORT SAINT LUCIE, FL 34952  P TERRY, JAMES L 442 SE VERADA AVE PORT SAINT LUCIE, FL 34983  VP COX, ROY 412 NW CORNELL AVE PORT SAINT LUCIE, FL 34986  D SMITH, JAY E P.O. BOX 61 STUART, FL 34995                                                                                        | Trust Fund Co                                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                         | P STEY GT POR CYRI 258 POR GEORGE                  | Added to Fees  DDITIONS/CHANG  E LOWMAN  2 NE OWN  IT SAINT L  WE BEVALL  19 SW INN  2T STINT  26 SM IT  2 | Florida ES TO OFFICERS A  US NEST C  UCIE, FL  PORT DR  LVCIE, FL  THLER  PINE CT | Department of S  IND DIRECTORS IN  Change  - T  3 + 983  Change  3 + 987  Change           | tate  1 10  Addition  Addition           |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME  | Due by May 1, 2008  OFFICERS AND DIF  D MACLEOD, JOHN P 4 SANTA CRUZ WAY PORT SAINT LUCIE, FL 34952  D TERRY, JAMES L 442 SE VERADA AVE PORT SAINT LUCIE, FL 34983  VP COX, ROY 412 NW CORNELL AVE PORT SAINT LUCIE, FL 34986  D SMITH, JAY E P.O. BOX 61 STUART, FL 34995  T / 5 FIELDS, SHERWIN D                                                               | Trust Fund Co                                              | ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                             | P STEY GT POR CYRI 258 POR GEORGE                  | Added to Fees  DDITIONS/CHANG  E LOWMAN  2 NE OWN  IT SAINT L  WE BEVALL  19 SW INN  2T STINT  26 SM IT  2 | Florida ES TO OFFICERS A  US NEST C  UCIE, FL  PORT DR  LVCIE, FL  THLER  PINE CT | Department of S  IND DIRECTORS IN  Change  -T  3+983  Change  3+987  Change  3+987  Change | tate  1 10  Addition  Addition           |
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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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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| <b>SIGNATURE</b> |  |

SHERWIN F

SHERWIN FIELDS

4/5/08

772-344-1641

Daytime Phone #