2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AN Secretary of State

1. Entity Nam	EXTURING, INC.	29				,
Principal Plac 1911 MAGNO CLEARWATES		Mailing Address 1911 MAGNOLIA DR. CLEARWATER, FL 33764				
_	A MAT WAITE		~ =	02102008 N	o Chg-P CR2E	E034 (11/05)
Ľ	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-3704756	3	Applied For Not Applicable
				5. Certificate of Sta	itus Desired 🔲	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent]			
	HOMAS GOLIA DR. ATER, FL 33764	•			OT WRIT	 :
the obligat	named entity submits this statement for the ions of registered agent.	e purpose of changing its registe	ered office or regis	ered agent, or both, in t	he State of Florida. I ar	n familiar with, and accept
SIGNATURE.	Signature typed or primed name of registered agent and	itle if applicable (NOTE Registe	red Agent signature requi	red when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fin. Trust Fund Contribution		5.00 May Be ided to Fees		
10.	OFFICERS AND DIF	RECTORS	_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEONE, THOMAS 2800 VERNON TERR LARGO, FL 33770			. ••		o ₄
ItTLE	,		1	. 03	.0000008361 ?/04/08-8000	5-004 150.00

DO NOT WRITE

IN THIS SPACE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, 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.

SIGNATURE:

NAME
SIREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
SISELI ADDRESS
CITY-SI-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/0 V/