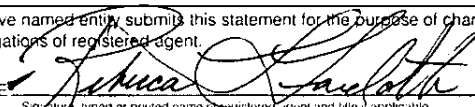
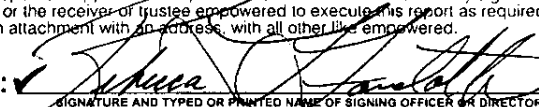


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90185 032 ***150.00

DOCUMENT # P04000132863 1. Entity Name REBECCA T. FAIRCLOTH, P.A.					
Principal Place of Business 4520 NW 74TH TERR OCALA, FL 34482		Mailing Address 4520 NW 74TH TERR OCALA, FL 34482			
2. Principal Place of Business - No P.O. Box # 7465 NW 44TH LANE		3. Mailing Address 7465 NW 44TH LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OCALA		City & State OCALA		4. FEI Number 20-1789765	
Zip 34482		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAIRCLOTH, REBECCA T 4520 NW 74TH TERR OCALA, FL 34482		7. Name and Address of New Registered Agent Name FAIRCLOTH, REBECCA T Street Address (P.O. Box Number is Not Acceptable) 7465 NW 44TH LANE City OCALA			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/30/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRCLOTH, REBECCA T 4520 NW 74TH TERR OCALA, FL 34482 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRCLOTH, REBECCA T 7465 NW 44TH LANE OCALA, FL 34482 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby 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:  DATE: 4/30/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					