## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2008 8:00 am Secretary of State

	ANNUAL REPORT					Secretary or state				
DOCUMENT # P05000133370  1. Entity Name SALLY FRIZZELL COLEMAN, CPA, PA						04-30-2008	90185 0	30 ***150	0.00	
Principal Place	e of Business	Mailing Address			·		, 0			
2077 FIRST ST., STE. 209 P.O. BOX 2620 FT. MYERS, FL 33901 FT. MYERS, FL 33902				- 1						
FI. MITCKS, F	r 22901	F1. WITEKS, FL 33902								
					(	EDICI SINI SEIR SÕN A		IKKO KIIN LOCKI COL	DEN AL LEDI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222008	Chg-P	CR2E	034 (12/06)		
City & State City & State					4. FEI Numb			Ap	olied For	
			<del></del>		20-355	<u> 2762                                   </u>		No	Applicable	
Zip	Country	Zip	Country		5 Certificate	of Status Desired	П	\$8.75 Add		
					5. Certificate	Of Glaton Desired	- <del> </del>	Fee Required	<u> </u>	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	Agent		
				Name						
FRIZZELL COLEMAN, SALLY										
	T ST., STE. 209		Street Ad	dress (I	O. Box Numb	er is Not Acceptab	10}			
FT. MYER	S, FL 33901		<u> </u>							
									Ì	
			City				FL	Zip Code	•	
L	-									
	named entity submits this statement to ions of registered agent.	or the purpose of changing its r	registered office or r	register	ed agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept	
,										
SIGNATURE Signature, typed or printed name of registered agent and hite if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
<del></del>		· · · · · · · · · · · · · · · · · · ·		• -						
9. Election Campaign Financin					<b>00</b> May Be					
	E NOW!!!  FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	ت کہ سیا ہا		Add	ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTORS	S IN 11	
TITLE	DPTS		• • • • • • • • • • • • • • • • • • • •				I ICENS AIN	DUNILLOTON		
NAME	==:====::	☐ Delete	TITLE		• • • • • • • • • • • • • • • • • • • •		I ICENS AIN	☐ Change	Addition	
	FRIZZELL COLEMAN, SALLY	☐ Delete		•			I ICENS AIT		Addition	
STREET ADDRESS	2077 FIRST ST., STE. 209	☐ Delete	TITLE				I IOERO AN		Addition	
STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME				I IOLIIO AIN		Addition	
CITY-ST-ZIP	2077 FIRST ST., STE. 209		NAME STREET ADDRESS CITY-ST-ZIP			-	TICENS AIN	☐ Change		
CITY-ST-ZIP	2077 FIRST ST., STE. 209	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				LICENS AN		Addition	
CITY-ST-ZIP TITLE NAME	2077 FIRST ST., STE. 209		NAME STREET ADDRESS CITY-ST-ZIP				TOLIO AN	☐ Change		
CITY-ST-ZIP	2077 FIRST ST., STE. 209		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					☐ Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2077 FIRST ST., STE. 209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				TOETO AIN	☐ Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	2077 FIRST ST., STE. 209		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				OZI O ZIV	☐ Change		
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME	2077 FIRST ST., STE. 209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				OZI S AN	☐ Change	Addition	
CITY-ST-ZIP  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	2077 FIRST ST., STE. 209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					☐ Change	Addition	
CITY-SI-ZIP  IIILE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	2077 FIRST ST., STE. 209	☐ Delete☐ Del	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition Addition	
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  TITLE	2077 FIRST ST., STE. 209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE					☐ Change	Addition	
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  NAME  TITLE  NAME	2077 FIRST ST., STE. 209	☐ Delete☐ Del	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					☐ Change	Addition Addition	
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS	2077 FIRST ST., STE. 209	☐ Delete☐ Del	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					☐ Change	Addition Addition	
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  NAME  TITLE  NAME	2077 FIRST ST., STE. 209	Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					Change Change Change Change	Addition Addition	
CITY-SI-ZIP  IIILE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  TITLE	2077 FIRST ST., STE. 209	☐ Delete☐ Del	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					☐ Change	Addition Addition	
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME	2077 FIRST ST., STE. 209	Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					Change Change Change Change	Addition Addition	
CITY-SI-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	2077 FIRST ST., STE. 209	Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				OLI G AIV	Change Change Change Change	Addition Addition	
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME	2077 FIRST ST., STE. 209	Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				OZI O AIV	Change Change Change Change	Addition Addition	
CITY-SI-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	2077 FIRST ST., STE. 209	Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				OLI O AIV	Change Change Change Change	Addition Addition	
CITY-SI-ZIP  IIILE  NAME  STREEI ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREEI ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREEI ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREEI ADDRESS  CITY-SI-ZIP  CONTACT SI-ZIP  CONTACT SI-ZIP  CONTACT SI-ZIP  CONTACT SI-ZIP  CONTACT SI-ZIP	2077 FIRST ST., STE. 209	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change Change Change Change	Addition Addition Addition	
CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE	2077 FIRST ST., STE. 209	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				· ·	Change Change Change Change	Addition Addition Addition	
CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME	2077 FIRST ST., STE. 209	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				· ·	Change Change Change Change	Addition Addition 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 eath; 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 239-337-197

Daytime Phone #