2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2008 08:00 AM DOCUMENT # P06000133881 **Secretary of State** WITTEN INDUSTRIAL PARTNERS, INC. Principal Place of Business Mailing Address 554 BOWLES STREET 554 BOWLES STREET NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 32266 03062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5747159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ARTHUR, RICHARD W DO NOT WRITE 554 BOWLES STREET NEPTUNE BEACH, FL 32266 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE U000000859287 9. Election Campaign Financing \$5.00 May Be €FILE-NOW!!!~FEE·IS·\$150:00 04/02/08-80017-003 150.00 Trust Fund Contribution. Added to Fees -After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PRES** TITLE ARTHUR, RICHARD W NAME 554 BOWLES STREET STREET ADDRESS NEPTUNE BEACH, FL 32266 CITY-ST-ZIP VΡ TITLE GATLING, ROBERT S JR NAME STREET ADDRESS 519 MCCULLUM CIRCLE NEPTUNE BEACH, FL 32266 COTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 reports 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 trystee 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 air address, with all other like empowered.

SIGNATURE:_

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

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/14/2008 904.422-7424

FILED