

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Apr 04, 2008 8:00 am
Secretary of State

02-27-2008 90016 031 ***150.00

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03112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3436754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TURCOTTE, LOWELL A JR.
172 CARIB DRIVE
ORMOND BEACH, FL 32176

**DO NOT WRITE
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

Lowell A. Turcotte Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 10, 2008
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00.**

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TURCOTTE, LOWELL A JR.
STREET ADDRESS 172 CARIB DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE DV
NAME WALKER, CATHERINE M
STREET ADDRESS 952 CRYSTAL LAKE DRIVE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Lowell A. Turcotte Jr.