2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 04, 2008 08:00 A Secretary of State

| ANNUAL REPORT | | | | Secretary of Sta | | | |
|---|---|--|--|---------------------------|---------------------------------|-------------------------------------|--------|
| 1. Entity Nam | MENT # P960001017 REHOUSE MANAGEMENT, | | | 50 | ecretary o | ısı | |
| | ce of Business UCKLA HIGHWAY 2571 | Mailing Address PO BOX 3622 MILTON, FL 32572 US | |] | : 1800 800 Book 800 800 | BURN USIN HBUY NOTIC TURKEN | 1111 |
| | O NOT WRITE | IN THIS SPA | CE | 02042008 4. FEI Numbe | No Chg-P (| CR2E034 (11/05) | |
| | | | | 59-341 5. Certificate | | \$8.75 Additions Fee Required | |
| | 6. Name and Address of Current Re JR, HAROLD E IMUCKLA HIGHWAY 32571 | | ·通用2014年19月1 | NOT WR THIS SPA | されず しんしかぶつしょ | | |
| | e named entity submits this statement for the tions of registered agent. Signature, typedocrunted name of registered agent and | naruh | red office or register RB. ad Agent signature required | | h, in the State of Florida | . I am familiar with, and a | accept |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Fina Trust Fund Contribution | | .00 May Be led to Fees | U0000 0 8 03/19/08-80 | 17042 0003-002 150. | 00 |
| 10. TITLE NAME STREET ADDRESS | OFFICERS AND DI P MARCUS, JR, HAROLD E 5603 CHUMUCKLA HIGHWAY | RECTORS | | | | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | PACE, FL 32571 S POLLAK, SR, LEWIS BEAR 6730 N EPPING FOREST WAY #10 JACKSONVILLE, FL 32217 | 707 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO , | NOT WR | ITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN T | THIS SPA | CE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | | | | | |

12. Thereby centify 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: