2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

DOCUMENT # P98000024723 1. Entity Name. GARY RELKEN & ASSOCIATES, INC.					04-25-2008 90134 047 ***150.00			
Principal Place of Business 1824 AUDREY DRIVE CLEARWATER, FL 33759		Mailing Address 1824 AUDREY DRIVE CLEARWATER, FL 33759						
2. Principal Place of Business - No P.O. Box # LGG4 SHARON WAY Suite, Apt. #, etc.		3. Mailing Address 1664 SHARON WAY Suite, Apt. #, etc.		04212008	04212008 Chg-P CR2E034 (12/06)			
CITY & State CLEARW: ATER FLORIDA		CITY & State CLEARWATER FLORIDA		4. FEI Number 59-3519			pplied For of Applicable	
3376	Country USA	33764	Count US		5. Certificate of	of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered Agent	
PERRY, CHARLES 614 NO HIGHLAND CLEARWATER, FL 33755				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				2690 DREW ST. # 505				
				Cu Cu	CLEARWATER FL 33759			
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	registere	ed office or regis	istered agent, or both	n, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWILL 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	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE	D	☐ Delete	TITLE	l l			Change	☐ Addition
NAME	.		NAMI	E	1/11/21/20			
STREET ADDRESS CITY-ST-ZIP	l e			ET ADORESS / (6 -ST-ZIP /	1664 SHARON WAY CLEARWATER FL 33764			
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NAME	RELKIN, NANCY							_
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NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREE	:	064 SHAKON LEARWATE	R FL 33		Addition
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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY RELKIN April 21,08727 5357600

Daytime Phone #