2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE MOTVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2

FILED Feb 14, 2008 08:00 AM Secretary of State

Daytime Phone #

ANNOAL KLI OKI						17, 2000 00.00	
1. Entity Nam	MENT # 419146 •	•			Se	ecretary of Sta	
i '	ce of Business	Mailing Address					
311 WEST V VENICE, FL	'ENICE AVENUE 34285	311 WEST VENICE AVENUE VENICE, FL 34285	-,				
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DO NOT WRITE IN THIS SPACE				01252008	01252008 No Chg-P CR2E034 (11/05)		
DO NOT WRITE IN THIS SPAC			CL	4. FEI Numb 59-144		Applied For Not Applicable	
					of Status Desired	\$8.75 Additional	
	6. Name and Address of Current Re	alatered Agent		5. Commodic	, or others because	Fee Required	
	o. Name and Address of Current Re	gistered Agent	1				
BORUFF, GARY C 311 W VENICE AVE			DO NOT WRITE				
VENICE, FL 34285			IN THIS SPACE				
				1114		NOL .	
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 Age			ed Agent signature req	(grillalanier neriw behlup		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	00 May Be U00000827529 d to Fees 02/21/08-80095-008 150.00		
10.	OFFICERS AND DI	RECTORS	1		J		
TITLE	PD BORUFF, GARY C.						
NAME STREET ADDRESS	311 WEST VENICE AVE.						
CITY-ST-ZIP	VENICE, FL 34285						
TITLE NAME	TD BORUFF, PATRICIA J.					ļ	
STREET ADDRESS	311 WEST VENICE AVE.						
CITY-ST-ZIP	VENICE, FL 34285		1				
TITLE NAME			ľ				
STREET ADDRESS			l	חח	NOT WE	PITE	
CITY-ST-ZIP	MI .		-1		- " -		
TITLE NAME				IN	THIS SPA	ACE	
STREET ADDRESS			Ì				
CITY-ST-ZIP TITLE			-				
NAME							
STREET ADDRESS						,	
CITY-ST-ZIP			-				
NAME			J				
STREET ADDRESS City-St-Zip			1				
12 I bereby (certify that the information supplied with thi	s filing does not qualify for the exi	emptions contai	ined in Chapter 119	9, Florida Statutes. I fur	ther certify that the information	
indicated of the cor	on this report or supplemental report is tri- poration or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that my signa ared to execute this report as requi	ture shall have t	the same legal effec	ct as if made under oath	 that I am an officer or director 	