2008 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Mar 05, 2008 8:00 am Secretary of State

2/6

1. Entity Nam	MENT #482651 PILDERS, INC.					02-06-20	08 90031 03 /	130.00
Principal Place of Business		Mailing Address		0.0	00000			
4287 SW HIGH MEADOWS AVENUE Palm City, FL 34990		4287 SW HIGH MEADOWS AVENUE Palm City, FL 34990		66	002396			
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02012008	Chg-P	CR2E034 (12/	06)
City & State		City & State			4. FEI Number 59-1581610			Applied For Not Applicable
Ζίρ	Country	Country Zip Cou		ry	5. Certificate o	of Status Desired	□ \$8.75 Fee Red	Additional quired
6. Name and Address of Current Registered Agent				Name and Address of New Registered Agent Name				
ROGERS, GREGORY A 663 SW KEATS AVE			ļ	Street Address (P.Q. Box Number is Not Acceptable)				
	.D, FL 34990	428		4287	<u>ۼ؞ٛؾ؞ڿ</u>	han il	"adaus !	Juener
				City Pala	n Colm		FL Zig	14990
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 lamiliar with, and accept the obligations of integrated agent.								
SIGNATUREX Dean WEORES 2/1/08								
99 Secure, typed or profits Tryche of Significan especial and 10th of approximate (NOTE: Registered Agent leginalues required when remetating) 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	- ·· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIREC	
TITLE NAME	ROGERS, GREGORY A.	☐ Delete	TITLE				☐ Cha	nge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP				I ADDRESS ST-ZIP				
TITLE	VD ROGERS, JOHN P	Delete	TITLE				☐ Cha	nge Addition
NAME Street adoress			NAME STREET	T ADDRESS				
CITY-SI-ZIP			aiv-s	S1-21P				<u></u>
TITLE NAME	STO ROGERS, JOHN P	☐ Delete	TITLE				☐ Char	nge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	4287 SW HIGH MEADOWS AVE PALM CITY, FL 34990	NE	STREET CITY - S	T ADORESS				
TITLE	Discontain and a second	Delete	TITLE				Char	age Addition
NAME STREET ADDRESS			NAME	T ADDRESS				
CITY-ST-ZIP			CITY-S	1				
TILE		☐ Delete	TITLE				Char	nge Addition
NAME STREET ADDRESS			NAME Street	T ADDRESS				
CITY-S1-ZIP		·	CITY-S	ST-ZIP	<u> </u>			
HAME		☐ Deleta	TITLE				Char	nge 🔲 Addition
STREET ADDRESS				T ADORESS	•	***		•
CITY-S1-ZIP	ertily that the information supplied with	n this liling does not qualify for	the exer		in Chapter 119	Florida Statutes 1	further certify that the	he information
12. I hereby certify that the information supplied with this filling does not quality 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 507, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attactor and without address, with all other like empowered.								
SIGNATURE: John Royer John PROCERS 3/3/08 772-463-7756								
1	SHOMATURE AND TYPED OR	PRINTED HAME OF BIGHING OFFICER O	R DIRECTO	OR .		Dete -	Daytime Phot	**