## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2008 08:00 Al Secretary of State

1. Entity Nam	MENT # 536449 N D. AULLS, P.A.	• .		S.Comp.	Se	ecretary of Si
3000 HWY 1	ce of Business 19A RA, FL 32757	Mailing Address 3000 HWY 19A MOUNT DORA, FL 32757				
DO NOT WRITE IN THIS SPA			CE	04152008 No Chg-P CR2E034 (11/05)  4. FEI Number		
	6. Name and Address of Current Re	gistered Agent				
AULLS, MORTON D. 3000 HWY 19A MOUNT DORA, FL 32757					NOT WR THIS SPA	
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						
	Signature, typed or printed name of registered agent and	nd Agent signatura raqui	red when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Stection Campaign Finar     Trust Fund Contribution		5.00 May Be dded to Fees		· · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AULLS, MORTON D. 3000 HWY 19A MOUNT DORA, FL 32757	RECTORS			0000009 04/30/08-8	303243 80038-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WR		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		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 account 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 at other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Morton D. Aulls

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2008

(352) 343-0770

Date

Daytime Phone #