

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90071 046 ***150.00

40002073



01092008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1284890 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, WILLIAM E
145 EAST RICH AVENUE
DELAND, FL 32724

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHERMAN, WILLIAM E PRESIDE	
STREET ADDRESS	145 EAST RICH AVENUE	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DYKES, JOE G VICE PR	
STREET ADDRESS	145 E RICH AVENUE	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MASTERS, SAM N SECRETA	
STREET ADDRESS	444 SEABREEZE BLVD.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OTTINGER, WILLIAM A TREASUR	
STREET ADDRESS	1555 SAXON BLVD., SUITE 204	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank A. Ford, Jr. Vice President	
STREET ADDRESS	145 E. Rich Avenue	
CITY-ST-ZIP	DeLand, FL 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 an officer like empowered.

SIGNATURE: _____ (Date) _____ (Daytime Phone) _____