2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 25, 2008 8:00 am DOCUMENT # 604881 **Secretary of State** 1. Entity Name 02-25-2008 90061 009 \*\*\*150.00 CLANTON, FLOYD & NESTOR CPA FIRM, P.A. Principal Place of Business Mailing Address 280 W. CANTON AVENUE., SUITE 210 280 W. CANTON AVENUE., SUITE 210 PO BOX 118 WINTER PARK FL 32790 PO BOX 118 WINTER PARK FL 32790 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1495185 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nestor FLOYD, HARRY B., III Street Address (P.O. Box Number is Not Acceptable) 280 W. CANTON AVENUE SUITE 210 W. Canton Ave. WINTER PARK FL 32789 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed harrie of registered rigent and Redistered Agent standturn required when reinstauria FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution, \_\_\_ Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NESTOR, Philip S. III 280 W. Canton Ave., # 210 TITLE ☐ Delete TITLE Change NESTOR, PHILIP S III NAME NAME STREET ADDRESS 280 W. CANTON AVE., #210 STREET ADDRESS Winter Park FL 32789 CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-3P ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition HAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2008

FILED

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