2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2008 8:00 am Secretary of State 03-11-2008 90019 050 ***158.75

1. Entity Name	MENT # 642430				~ v N
Principal Place of Business 290 BEAR RIDGE CIR. OZONA, FL. 34660 US		Mailing Address P.O. BOX 86 OZONA, FL 34660-0086		 	
DO NOT WRITI		E IN THIS SPACE		02152008 No Chg-P 4. FE! Number 59-1968213 5. Certificate of Status Desired	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
BOEN, SHELLIË K 2754 SADDLEWOOD LANE PALM HARBOR, FL 34685			DO NOT WRITE IN THIS SPACE		
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 lamifar with, and accept the obligations of registered agent. SIGNATURE Signature, hoped or printed name of registered agent and talle it applicable. (NOTE Projective Agent signature required when renattang). DATE.					
File NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550		Election Campaign Final Trust Fund Contribution.		.00 May Be ded to Fees	the second second
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PD BOEN, JEFFERY E. 2754 SADDLEWOOD LANE PALM HARBOR, FL 34685 SD BOEN, SHELLIE E	D DIRECTORS			
STREET ADDRESS CITY-S1-ZIP TITLE HAME STREET ADDRESS CITY-S1-ZIP	2754 SADDLEWOOD LANE PALM HARBOR, FL 34685		-	DO NOT WE	RITĘ
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				IN THIS SPA	ACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	· -		_		
12. I hereby certily that the information supplied with this fifing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certily that the information indicated on this report or supplemental reporties 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 ampowered 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. SIGNATURE:					
STORAL URE. SPENTED OR PRINTED NAME OF STURING OFFICER OR ORIECTOR Disc Dayson Prope (