## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 14, 2008 8:00 am

1. Entity Name • 1. Incoording Place of Business Mailing Address 1611 GUNN HWY POBSSA, FL 33556  2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 06202008 ChgP CR260  City & State Country Spyrings FL Sp9-1965635  Zip Country Spyrings FL Sp9-1965635  Zip Country Spyrings FL Sp9-1965635  Signature Address of Current Registered Agent To Name and Address of New Registered.  HOLCOMB, VICTOR W. 106 SOUTH TAMPANIA AVE SUITE 200 TAMPA, FL 33606  Signature Address of P.O. Box Number is Not Acceptable)  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 the obligations of registered agent.  SIGNATURE  FILE NOWIII, FEE 19 \$150.00  9. Election Campaign Financing \$5.00 May 8e In accordance with s. 607	umber Applied	00
1611 GUNN HWY ODESSA, FL 33556  2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State Name Name Name Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Signature	008 Chg-P CR2E034 (12/06)	• · · · · · · · · · · · · · · · · · · ·
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City & State  City & State  City & State  City & State  Country  Sp-1965635  5. Certificate of Status Desired  Name  Name  HOLCOMB, VICTOR W.  106 SOUTH TAMPANIA AVE  Suited Address (P.O. Box Number is Not Acceptable)  City  FL  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 the obligations of registered agent.  SIGNATURE  Suited Address (P.O. Box Number is Not Acceptable)  City  FL  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 the obligations of registered agent.  SIGNATURE  Suited Address (P.O. Box Number is Not Acceptable)  City  FL  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 the obligations of registered agent.  SIGNATURE  Suited Address (P.O. Box Number is Not Acceptable)  City  FL  Suited Address (P.O. Box Number is Not Acceptable)  City  FL  Suited Address (P.O. Box Number is Not Acceptable)  City  FL  Suited Address (P.O. Box Number is Not Acceptable)  City  FL  Suited Address (P.O. Box Number is Not Acceptable)  City  FL  Suited Address (P.O. Box Number is Not Acceptable)  City  FL  Suited Address of New Registered of Inceptable (P.O. Box Number is Not Acceptable)  City  FL  Suited Address of New Registered of Inceptable (P.O. Box Number is Not Acceptable)  City  FL  Suited Address (P.O. Box Number is Not Acceptable)  Suited Address of New Registered of Inceptable (P.O. Box Number is Not Acceptable)  The Address (P.O. Box Number is Not Acceptable)  City  FL  Suited Address (P.O. Box Number is Not Acceptable)  Suited Address of New Registered of Inceptable (P.O. Box Number is Not Acceptable)  The Address (P.O. Box Number is Not Acceptable)  The Address (P.O. Box Number is Not Acc	umber Applied	r - 15
59-1965635  Zip Country Sip Country 59-1965635  6. Name and Address of Current Registered Agent 5. Certificate of Status Desired   Name  HOLCOMB, VICTOR W. 106 SOUTH TAMPANIA AVE Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL  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 the obligations of registered agent.  SIGNATURE  Signature, speed or printed name of registered agent and title if applicable. (NOTE Registered Agent's gnature registered when reinstating) DATE  FILE NOW!!! FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Financing Trust Fund Contribution. Added to Fees Corporation did not receive 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME  LOWE, MICHAEL L	h	C 1
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6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  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. Fame the obligations of registered agent.  SIGNATURE  Signature  FILE NOWIII, FEE IS \$150.00  Due by September 12, 2008  P. Election Campaign Financing Trust Fund Contribution.  Defection Campaign Financing Added to Fees  Added to Fees  Added to Fees  TITLE  PD  Defection Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND  Dielete  TITLE  NAME  NAME	\$9.75 4400	
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