


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90010 002 ***150.00

DOCUMENT # 660983 1. Entity Name JOHN H. CAIRNS INC.	
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Principal Place of Business 11128 LAKE BUTLER BLVD. WINDERMERE, FL 34786 <i>LAKE BUTLER BLVD</i>	Mailing Address 11128 LAKE BUTLER BLVD. WINDERMERE, FL 34786
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01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1985787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAIRNS, JOHN H 11128 LAKE BUTLER BLVD. WINDERMERE, FL 34786
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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 title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CAIRNS, JOHN H. 11128 LAKE BUTLER BLVD <i>LAKE BUTLER BLVD</i> WINDERMERE, FL 34786
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TITLE 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 all other like empowered.

SIGNATURE: *John H. Cairns*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08 407-876-7919
Date Daytime Phone #