2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 8:00 am Secretary of State

DOCUMENT # 673460	ANNUAL KEPUKI						Secretary of State			
Boil E GHI STREET, STE-504 PANAMA CITY, FL 32401 2. Principal Pace of Business - No P.O. Box #	1. Entity Name					02-13-2008 90024 021 ***150.00				
Boil E GHI STREET, STE-504 PANAMA CITY, FL 32401 2. Principal Pace of Business - No P.O. Box #	Principal Place	e of Business	Mailion Address	100						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 ChgP CR2E034 (12/05)	801 E. 6TH STREET, STE.504		801 E. 6TH STREET, STE.504							
City & State Country Country See C	2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<u>.</u>					
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent TRANTHAM, J L MD+ SITER Address (P.O. Box Number is Not Acceptable) Street	Suite, Apt. #, etc.		Suite, Apt. #, etc.		*	01082008	Chg-P	CR2E034 (12/0	06)	
S. Certificate of Status Desired Fee Required F	City & State		City & State							
TRANTHAM, J L MD+ 801 EAST SIXTH STREET ST 504 PANAMA CITY, FL 32401 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I sm familiar with, and the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations or registered agent, or both, in the State of Florida. I sm familiar with, and the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and the obligations of registered office or registered agent, or both, in the State of Florida.	Zip	Country	Zíp	Country		5. Certificate of	of Status Desired			
TRANTHAM, J L MD- 80 I EAST SIXTH STREET ST 504 PANAMA CITY, FL 32401 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered Agent		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the objigations of registered agent area of registered agent and the it applicable. SIGNATURE Specials, pipe or prend name of registered agent and the it applicable. PATE Registered Agent Sprature required agent, or both, in the State of Florida. I am familiar with, and the objigations of registered agent, or both, in the State of Florida. I am familiar with, and the objigations of registered agent, or both, in the State of Florida. I am familiar with, and the objigations of registered agent, or both, in the State of Florida. I am familiar with, and the objigations of registered agent, or both, in the State of Florida. I am familiar with, and the objigations of registered agent, or both, in the State of Florida. I am familiar with, and the objigations of registered agent, or both, in the State of Florida. I am familiar with, and the objigations of registered agent, or both, in the State of Florida. I am familiar with, and the objigations of registered agent, or both, in the State of Florida. I am familiar with, and the objigations of registered agent, or both, in the State of Florida. I am familiar with, and an expectation of registered agent, or both, in the State of Florida. I am familiar with, and an expectation of registered agent, or both, in the State of Florida. I am familiar with, and an expectation of registered agent, or both, in the State of Florida. I am familiar with, and an expectation of registered agent, or both in the state of Florida. I am familiar with, and an expectation of registered agent. Intel	TRANTHAM, J L MD+				e 				· · · · · · · · · · · · · · · · · · ·	
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 the obligations of registered agent. Signature Signature (Signature) Signature, speed or printed name of registered eyent and site if application. (NOTE: Registered Agent signature required when revisating) DATE				Stree	reet Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or private name of legistered agent and the if applicable. PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. DATE PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. DATE PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. DATE PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. DEVELOPMENT OF PROPERTY Agent Signature required when remaining) DATE PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. DATE PARAMA CITY, FL Ure President Present Trust Contribution. DEVELOPMENT OF PROPERTY AGENT SIGNATURE CONTRIBUTION. DATE PARAMA CITY, FL Debte URE PARAMA CITY, FL 32401 DEVELOPMENT OF PROPERTY CONTRIBUTION. DEVANS, BUSSIE A. SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2IP PANAMA CITY, FL DEBTE STOKES, MICHAEL J. SIRET ADDRESS CITY-ST-2IP PANAMA CITY, FL Debte TITLE STOKES, MICHAEL J. SIRET ADDRESS CITY-ST-2IP PANAMA CITY, FL DEBTE DEBTE SIRET ADDRESS CITY-ST-2IP DEBTE DEBTE STOKES, MICHAEL J. SIRET ADDRESS CITY-ST-2IP PANAMA CITY, FL DEBTE DEBTE STOKES, MICHAEL J. SIRET ADDRESS CITY-ST-2IP PANAMA CITY, FL DEBTE DEBTE STOKES, MICHAEL J. SIRET ADDRESS CITY-ST-2IP PANAMA CITY, FL DEBTE DEBTE STOKES, MICHAEL J. SIRET ADDRESS CITY-ST-2IP STOKES, MICHAEL J. SIRET ADDRESS SIRE	PANAMA CITY, FL 32401				 	. .			•	
SIGNATURE Signature.				City				FL Zip (Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS 801 E 6TH ST CITY-ST-2P PANAMA CITY, FL 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS 801 E 6TH ST CITY-ST-2P CITY-ST-2P CITY-ST-2P PANAMA CITY FL 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS 801 E 6TH ST CITY-ST-2P CITY-ST-2P PANAMA CITY FL 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS 801 E 6TH ST CITY-ST-2P PANAMA CITY, FL 10. Change 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS 801 E 6TH ST CITY-ST-2P PANAMA CITY, FL 10. Change 10. Change 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS 801 E 6TH ST CITY-ST-2P PANAMA CITY, FL 10. Change 10. Change 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS 801 E 6TH ST CITY-ST-2P PANAMA CITY, FL 10. Change 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ADDRESS 801 E 6TH ST CITY-ST-2P PANAMA CITY FL 10. Change 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ADDRESS TO OFFICERS AND DIREC	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.									
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TITLE V Delete MORROW, MICHAEL F MD MAKE STREET ADDRESS 801 E 6TH ST	FILE NOWIN FEE 13 \$ 130.00									
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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 readled 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #