2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 08:00 AN Secretary of State

ANNUAL REFURI					Secretary of Sta			
1. Entity Nar	JMENT # 686152 BROS., INC.				2			
4946 LAND	ace of Business D O' LAKES BLVD. AKES, FL 34639	Mailing Address 4946 LAND O' LAKES BLVD. LAND O' LAKES, FL 34639		 - 	NEID AIINE 11351 AIRID 1181	88811 88811 8 8811 88811 8	1811 \$18 17881 (1 1 88):	
				03122008	No Chg-P	CR2E034 (11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ONOT WRITE	IN THIS SPA	CE	4. FEI Number 59-2037		CRZEOST	Applied For Not Applicable	
	6. Name and Address of Current Re	Neteral Agent		5. Certificate of	f Status Desired	□ \$8.75 Fee Re	5 Additional equired	
4946 LAN	ROBERT D ND O LAKES BVLD LAKES, FL 34639	Serence Agent		"爱性是,我们还是	NOT WI HIS SP			
the obliga	e named entity submits this statement for the ations of registered agent.	a purpose of changing its registere	ed office or registere	ed agent, or both,	in the State of Flori	ida. I am familiar	with, and accept	
SIGNATURE.		te il englicable (NOTE: Registeres	4 A cant signature required y	.han rainstating)		DATE		
FIL	Signature, typed or printed name of registered agent and a LE NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	d Agent signature required vacing \$5.0	00 May Be	U0000i 04/28/08	0839250 80031-01	9 150.80	
FIL	Signalure, typed or printed name of registered agent and a LE NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00 OFFICERS AND DIR	Election Campaign Finan Trust Fund Contribution.			U0000i 04/28/08		9 150.00	
FIL After M. 10. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	Signature, typed or printed name of registered agent and a LE NOWILL FEE IS \$150.00 Tay 1, 2008 Fee will be \$550.00 OFFICERS AND DIR P/D KEENE, ROBERT D SR 9237 HWY 230 UNADILLA, GA 31091	Election Campaign Finan Trust Fund Contribution.			U0000i 04/28/08		9 150.80	
FIL After M. 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent and a LE NOWILL FEE IS \$150.00 Pay 1, 2008 Fee will be \$550.00 OFFICERS AND DIR P/D KEENE, ROBERT D SR 9237 HWY 230 UNADILLA, GA 31091 V KEENE, ROBERT D JR. 10294 MAYBIRD AVE WEEKIWACHEE, FL 34613	Election Campaign Finan Trust Fund Contribution.			U0000 04/28/08		9 150.00	
FIL After M. 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent and a LE NOWILL FEE IS \$150.00 Tay 1, 2008 Fee will be \$550.00 OFFICERS AND DIR P/D KEENE, ROBERT D SR 9237 HWY 230 UNADILLA, GA 31091 V KEENE, ROBERT D JR. 10294 MAYBIRD AVE	Election Campaign Finan Trust Fund Contribution.		00 May Be kd to Fees	110000 04/28/08	0899250 -80031-01	9 150.80	
After M. 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent and a LE NOWILL FEE IS \$150.00 Pay 1, 2008 Fee will be \$550.00 OFFICERS AND DIR P/D KEENE, ROBERT D SR 9237 HWY 230 UNADILLA, GA 31091 V KEENE, ROBERT D JR. 10294 MAYBIRD AVE WEEKIWACHEE, FL 34613 S KEENE, DAVID T 3722 MANNINGS KNOLL	Election Campaign Finan Trust Fund Contribution.		DO May Be led to Fees		0899250 -80031-01	9 150.80	
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent and a LE NOW!!! FEE IS \$150.00 Pay 1, 2008 Fee will be \$550.00 OFFICERS AND DIR P/D KEENE, ROBERT D SR 9237 HWY 230 UNADILLA, GA 31091 V KEENE, ROBERT D JR. 10294 MAYBIRD AVE WEEKIWACHEE, FL 34613 S KEENE, DAVID T 3722 MANNINGS KNOLL LAND O LAKES, FL 34639 T HUGHES, CYNTHIA I 14198 CINNAMAN LANE	Election Campaign Finan Trust Fund Contribution.		DO May Be led to Fees	NOT W	0899250 -80031-01	9 150.00	

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.11.08

813.996.2700

Daytime Phone #