
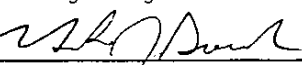



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90019 050 ****61.25

DOCUMENT # 719600 1. Entity Name 902 SO. DAKOTA AVE., INC.					
Principal Place of Business 902 DAKOTA AVE 4A TAMPA, FL 33606 US			Mailing Address 902 S. DAKOTA AVE 4A TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DYAL, LUCIUS M 902 S. DAKOTA AVE 4A TAMPA, FL 33606				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		HUNTER BROWNLEE (NOTE: Registered Agent signature required when terminating)		2-13-08 DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWNLEE, HUNTER		NAME		
STREET ADDRESS	902 S DAKOTA AVE, 2A		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYAL, LUCIUS M		NAME	DYAL, LUCIUS M.	
STREET ADDRESS	902 S DAKOTA AVE, 4A		STREET ADDRESS	902 S. DAKOTA AVE 4A	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANDEE, CYNTHIA		NAME		
STREET ADDRESS	902 S DAKOTA AVE, 5A		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIDDENS, THOMAS		NAME	GIDDENS, THOMAS	
STREET ADDRESS	902 S DAKOTA AVE, 6A		STREET ADDRESS	902 S. DAKOTA AVE 6A	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	GARRISON, CHARLES	
STREET ADDRESS			STREET ADDRESS	902 S. DAKOTA AVE 3B	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	CRAMG, L.D.	
STREET ADDRESS			STREET ADDRESS	902 S. DAKOTA AVE 5B	
CITY-ST-ZIP			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 617, 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		CHARLES P. GARRISON Date		2/12/08 813-253-3040 Daytime Phone #	