

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 FEB 14 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02142008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-8767070

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MILLER, CHARLES  
3850 W. US 98  
PERRY, FL 32347

## 7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MILLER, CHARLES E  
STREET ADDRESS 3850 W. US 98  
CITY-ST-ZIP PERRY, FL 32347

TITLE V ☐ Delete  
NAME LANE, RICHARD A SR.  
STREET ADDRESS 3850 W. US 98  
CITY-ST-ZIP PERRY, FL 32347

TITLE S ☐ Delete  
NAME LANE, SHERILAN D  
STREET ADDRESS 3850 W. US 98  
CITY-ST-ZIP PERRY, FL 32347

TITLE T ☐ Delete  
NAME MILLER, MARY A  
STREET ADDRESS 3850 W. US 98  
CITY-ST-ZIP PERRY, FL 32347

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*CE Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-08

Date

850-222-1453

Daytime Phone #