## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 17, 2008 08:00 AM DOCUMENT # F65815 **Secretary of State** 1. Entity Name CANTRELL, INC. Principal Place of Business Mailing Address 19103 SE JUPITER RIVER DR 19103 SE JUPITER RIVER DR JUIPTER, FL 33458 US JUIPTER, FL 33458 US CR2E034 (11/05) 01092008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-0160747 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CANTRELL, CHRIS DO NOT WRITE 19103 S.E. JUPITER RIVER DR. JUPITER, FL 33458 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE CANTRELL, CHRIS NAME STREET ADDRESS 19103 S.E. JUPITER RI DR CITY-ST-ZIP JUPITER, FL TITLE U00000787980 CANTRELL, DONNA NAME 01/18/08-80021-018 150.00 STREET ADDRESS 19103 S.E. JUPITER RI DR CITY-ST-ZIP JUPITER, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TOLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 cath; 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 attackment with exaderses, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 08 (561) 744-6592

**FILED**