


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F88852</b> 1. Entity Name BOND, ARNETT, PHELAN, SMITH & CRAGGS, P.A.	
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Principal Place of Business 101 SW 3RD ST OCALA, FL 34474	Mailing Address PO BOX 2405 OCALA, FL 34478
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**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2200471	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BOND, M. THOMAS JR. 101 SW 3RD ST. OCALA, FL 32670
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**DO NOT WRITE  
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOND, M THOMAS JR 4861 SE 17TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHELAN, WILLIAM H JR 1851 NW 16TH STREET CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNETT, JOHN W 2020 NW 55TH AVE RD OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, CHARLES M 2121 SE 11TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAGGS, ANN MELINDA 110 N.W. 1ST AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000866153  
04/08/08-80016-016 150.00

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IN THIS SPACE**

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: <u>M. Thomas Bond, Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/17/08 352-622-1188 Date Daytime Phone #
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