

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90038 007 ***150.00

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01242008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2482106 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MELBOURNE, JOSEPH
1200 WEBER ST.
ORLANDO, FL 32803

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 _____ (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	DVC	<input type="checkbox"/> Delete
NAME	COWANS, AC	
STREET ADDRESS	35 WEST MICHIGAN STREET	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OWEN, LYNN	
STREET ADDRESS	480 S KELLER RD	
CITY-ST-ZIP	MAITLAND, FL 32810	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MELBOURNE, JOSEPH	
STREET ADDRESS	1200 WEBER ST	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TOBIN, LARRY	
STREET ADDRESS	135 WEST CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	P	<input type="checkbox"/> Delete
NAME	STRICKLAND, MILES	
STREET ADDRESS	4512 SUGARTREE DRIVE EAST	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	41 West Michigan St.
CITY-ST-ZIP	Orlando, FL 32806
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1000 Primera Blvd.
CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1200 Weber St. Suite 255
CITY-ST-ZIP	Orlando, FL 32803
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 fee empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08 (407) 893-5737
Date Daytime Phone #