2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am

Sarasota, FL Sometime and Country Sip Sarasota, FL Sometime and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (Secretary of State 02-18-2008 90020 006 ***150.00
Suite. Apt. #, etc. City & State Sarasota, FL Sarasota, FL Sarasota, FL Sarasota, FL Zip 34236 S. Name and Address of Current Registered Agent TURNER, JAMES L. 200 SOUTH ORANGE AVE SARASOTA, FL 34236 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 accident the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 Suite. Apt. #, etc. O1162008 Chg-P CR2E034 (12/06) A FEI Number 57-0329088 Not Applied Fee Not Fee Required - Not Fee Required - Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 PATE PATE NAME STREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME NAME NAME NAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME NAME	O JAMES L. TURNER DO S. ORANGE AVE RASOTA, FL 34236 US
1605 Main Street	Larry O. Holland - BOA
Sarasota, FL Sarasota, FL Sarasota, FL Sip Sip Sip Sip Sip Sip Sip Si	[01162008 Chg-P CH2E034 (12/06)
34236 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURNER, JAMES L. 200 SOUTH ORANGE AVE SARASOTA, FL 34236 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 acceptable of 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) PATE PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. DATE 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE NAME VD Delete TITLE NAME NAME Change Address of New Registered Agent City FL Code	
TURNER, JAMES L. 200 SOUTH ORANGE AVE SARASOTA, FL 34236 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 acceptable of the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITTLE VD Delete TITLE NAME NAME	ip Country 5. Certificate of Status Desired \$8.75 Additional
TURNER, JAMES L. 200 SOUTH ORANGE AVE SARASOTA, FL 34236 City 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 acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME KOTT, JACK	ered Agent 7. Name and Address of New Registered Agent
SARASOTA, FL 34236 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 accent the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little 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 Trust Fund Contribution. Delete 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME NAME NAME City FL Zip Code I am familiar with, and accent agent, or both, in the State of Florida. I am familiar with, and accent agent agent, or both, in the State of Florida. I am familiar with, and accent agent agent. I am familiar with, and accent agent agent agent agent agent agent agent agent agent. I am familiar with, and accent agent agent agent. NATE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Delete 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Add Add NAME	
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the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) Parte	City FL Zip Code
After May 1, 2008 Fee will be \$550.00	
TITLE VD Delete TITLE Change Add	
NAME KOTT, JACK	
STREET ADDRESS 107 FAWN TRAIL CITY-ST-ZIP JACKSONVILLE, NC 285404595 CITY-ST-ZIP	NAME STREET ADDRESS
	☐ Delete TITLE ☐ Change ☐ Addition
NAME HOLLAND, LARRY O STREET ADDRESS 1605 MAIN ST., SUITE 800 STREET ADDRESS	1
CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP	
TITLE DST Delete TITLE Change Add NAME THIEL, AARON S STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 TITLE Change Add STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP	- STREET ADDRESS
NAME STREET ADDRESS NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Delete TITLE Change Addition NAME STREET ADDRESS
	NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not quality 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.

GNATURE:

PD/Kott Investing Corporation

2/12/2008

SIGNATURE:

PD/Kott Investing Corporation
E OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #