


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H44759

1. Entity Name
OLIVER & JOSEPH, P.A., CERTIFIED PUBLIC ACCOUNTANTS



Principal Place of Business
**18 N. BROAD STREET
 BROOKSVILLE, FL 34601**

Mailing Address
**18 N. BROAD STREET
 BROOKSVILLE, FL 34601**

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2485874

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GARY, MARY BETH
 18 N. BROAD ST.
 BROOKSVILLE, FL 34601**

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 _____ (NOTE: Registered Agent signature required when reinstating)

000000325911
 05/28/08 80041 021 150.00

**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	VD
NAME	PATTERSON, O. CLINTON
STREET ADDRESS	5332 PATRICIA PLACE
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	PM
NAME	GARY, MARY BETH
STREET ADDRESS	P.O BOX 1026
CITY-ST-ZIP	BROOKSVILLE, FL 34605
TITLE	STD
NAME	DEASON, C. K
STREET ADDRESS	10004 KIMBROUGH DR
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Mary Beth Gary **MARY BETH GARY** Date: 4/24/08 Daytime Phone # _____