


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00**  
**Secretary of State**

<b>DOCUMENT # H88883</b> 1. Entity Name <b>HEMBREE &amp; ASSOCIATES, INC.</b>	
---	---

Principal Place of Business 1335 SECOND STREET SARASOTA, FL 34236 US	Mailing Address P O BOX 2007 SARASOTA, FL 34230-2007 US
--	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2638579	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  HEMBREE, JOE R. 1335 SECOND STREET SARASOTA, FL 34236
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

<b>FILE NOW!!! FEE IS \$150.00 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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HEMBREE, JOE R. 1509 FLOWER DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMBREE, JOE R. 1509 FLOWER DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000863350 04/03/08-80089-005 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/14/08</b> <small>Date</small>	<b>9419571276</b> <small>Daytime Phone #</small>
--	---------------------------------------	---