## **2008 FOR PROFIT CORPORATION**

## **FILED** 2008 08:00 A ate

ANNUAL REPORT				Mar uu, 2000 uo:			
1. Entity Name	MENT # J09246 ONTON, P.A.				2	Secretary	of St
Principal Place 444 SEABRE DAYTONA BE		Mailing Address PO BOX 2630 DAYTONA BEACH, FL 32115		1 I I I I I I I I I I I I I I I I I I I	1160 18110 11811 BITLIG BITLI	01011 91011 01011 01011 61011 0	( <b>J</b>     <b>    </b>
				02042008	No Chg-P	CR2E034 (11/05	
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-2679 5. Certificate of		□ \$8.75 A	
	6. Name and Address of Current R	gistered Agent	. :	5. Certificate of	. ·	Fee Requir	
103 OCEA	N DONOVAN N SHORE BLVD. BEACH, FL 32176				NOT WI	•	
	named entity submits this statement for tions of registered agent.	he purpose of changing its register	L red office or register	red agent, or both	in the State of Flor	ida. I am familiar with	n, and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	d little if applicable (NOTE: Register	ed Agent signature required	d when reinstating)		DATE	<del></del>
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		.00 May Be led to Fees			
ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D DP HILL, BRIAN DONOVAN 103 OCEAN SHORE BLVD. ORMOND BEACH, FL 321765734 DV PONTON, CAROL 103 OCEAN SHORE BLVD. ORMOND BEACH, FL 321765734						50.00
NAME STREET ADDRESS CITY-ST-ZIP				,	٠		

12. Thereby certify that the information supplied with this filling 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:

**SIGNATURE:** 

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #