## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2008 08:00 Al Secretary of State

ANNUAL REPORT				Secretary of Sta			
DOCL 1. Entity Na	JMENT # J19876					•	
	ER TRADING COMPANY, INC						
Principal Pla	ce of Business	Mailing Address	<u> </u>				
130 RIVERS ORMOND B	SIDE DR CH, FL 32176	130 RIVERSIDE DR ORMOND BCH, FL 32176					
	OO NOT WRITE	IN THIS SDA	ce l	01172008	No Chg-P	CR2E034 (11	/05)
	O NOI WRITE	IIV THIS SPA		4. FEI Numb 59-287			Applied For Not Applicable
				5. Certificate	of Status Desired	□ \$8.75 Fee Re	5 Additional aquired
	6. Name and Address of Current Re	gistered Agent			September	e e e e e e e e e e e e e e e e e e e	i. Ngga
	S, CHARLES, JR. RSIDE DR			DO	<b>NOT W</b>	RITE	
	BCH, FL 32176			J. 7 Z 1 3 3 3	THIS SP	ALONS ALAS DIVIDE	
8. The above the obliga	e named entity submits this statement for the named entity submits this statement for the name of registered agent.	ne purpose of changing its registe	ered office or registere	ed agent, or bo	ith, in the State of Flo	rida. Lam familiar	with, and accept
SIGNATURE		ms )					
	Signature, typed or printed name of registered agent and	tille if applicable. (NOTE: Register	red Agent aignature required v	when re-instasing)		DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		OO May Be d to Fees			
10. TITLE	OFFICERS AND DI	RECTORS					, <u>377 p.</u>
NAME	WILLIAMS, CHARLES, JR.						
STREET ADDRESS CITY-ST-ZIP	130 RIVERSIDE DR ORMOND BCH, FL				UCCCCC	74A	
TITLE NAME	VSD WILLIAMS, LINDA A.	<u></u> .				)055 <del>-</del> 009	(\$0.00
STREET ADDRESS	130 RIVERSIDE DR				Kati Xaad		
CITY-ST-ZIP	ORMOND BCH, FL						
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP				DO	<b>NOT W</b>	RITE	
TITLE	-			in.	THIS SP	ACE	
NAME Street address							State (see ) Kalada State (see
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·					
TITLE NAME					Stalled ?		
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME STREET ADDRESS							

12. Thereby 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: Charles Williams OFFICER OR DIRECTOR WILLIAM C JR Jan 26-08-