## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# K07928

FILED Apr 10, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	THY W. WEEK 3T HIGHWAY 40 L 34482				
Current Mailing Address:			New Mailing Address:		
	THY W. WEEK ST HIGHWAY 40 L 34482				
El Number	: 59-2861771	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and	d Address of	f New Registered Agent:
,	FIMOTHY W. ST HIGHWAY 40 L 32675 US				
	e named entity s e of Florida.	ubmits this statement for the լ	purpose of changing	its registered	d office or registered agent, or both,
SIGNATU	RE:				
	Electroni	c Signature of Registered Ag	ent		Date
OFFICER	Electroni S AND DIRECT			NS/CHANGE	Date  S TO OFFICERS AND DIRECTOR
Γitle: Name: Address:	S AND DIRECT  D ()  WEEKS, GRADY	TORS: Delete / W., ST. RD. APT. 3408		P WEEKS, GR	ES TO OFFICERS AND DIRECTOR  (X) Change ( ) Addition  ADY W.,  TH ST. RD. APT. 3408
DFFICER litle: lame: loity-St-Zip: litle: lame: loddress: loity-St-Zip:	S AND DIRECT  D ()  WEEKS, GRADY 5101 SW 60TH 3  OCALA, FL 344	TORS:  Delete  / W.,  ST. RD. APT. 3408  74  Delete HY W.,	ADDITION Title: Name: Address:	P WEEKS, GR 5101 SW 60 OCALA, FL	ES TO OFFICERS AND DIRECTOR  (X) Change ( ) Addition  ADY W.,  TH ST. RD. APT. 3408  34474  (X) Change ( ) Addition  MOTHY W.,  ND AVE
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	S AND DIRECT  D ()  WEEKS, GRADY 5101 SW 60TH S  OCALA, FL 344  D ()  WEEKS, TIMOTI 3720 SE 22ND A  OCALA, FL 344	TORS:  Delete  / W.,  ST. RD. APT. 3408  74  Delete HY W.,	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	P WEEKS, GR 5101 SW 60 OCALA, FL VP WEEKS, TIM 3720 SE 22N OCALA, FL	ES TO OFFICERS AND DIRECTOR  (X) Change ( ) Addition  ADY W.,  TH ST. RD. APT. 3408  34474  (X) Change ( ) Addition  MOTHY W.,  ND AVE  34471  ( ) Change (X) Addition  MOTHY W.,  ND AVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRADY W WEEKS Ρ 04/10/2008