## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2008 8:00 am Secretary of State

Daytere Phone #

	ANNUAL	REPURI			_		ary	,, ,	iaic
1. Entity Nam	MENT # K41664 e ord corporation					03-03-2008	3 90190 0	04 ***1:	50.00
Principal Plac	a of Business	Mailing Address			7 700	-			
·		*	*		,				
		3070 SW NAPP RD	0 110						
PALM UTT, F	L 34990 US	PALM CITY, FL 3499	O US		1				
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address				<del></del>	<b>                               </b>				
E. Thopan	G. Maining Address				1801 MASO OSSID DINI BIDI	I BIBLI BUBII BIBLI I	IIEJI OLEIK OIOI		
Suite, Apt.	# etc	Suite, Apt. #, etc.			┥				
				02182008	Chg-P	CR2E034	(12/06)		
City & State		City & State		4. FEI Number			Ap	plied For	
				65-0080			_ <del> </del>	t Applicable	
Zip Country		Zip Coun		try	_ \$9.75 Additional				
			·		5. Certificate of	l Status Desired		e Require	
	6. Name and Address of Current	t Registered Agent		· · · · · · · · · · · · · · · · · · ·	7. Name and	Address of New R	egistered Ag	ent	
				Name					
CRARY III	, LAWRENCE E								
55 COLORADO AVENUE STE 1				Street Address (P.O. Box Number is Not Acceptable)					
STUART, I	FL 34994								
				City			<u> </u>	Zip Code	•
				Ony			FL	Lip coo.	-
	named entity submits this statement f	or the purpose of changing i	its register	ed office or registe	ered agent, or both	i, in the State of Flo	orida. I am fai	niliar with,	and accept
the obligat	ions of registered agent.								
O O LATITOR									
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NO	DTE: Registere	d Agent signature require	ed when reinstating)		DATE		
		<b></b>							
en	E NOW!!! FEE IS \$150.00	9. Election Camp	oaign Finai	ncing \$5	5.00 May Be				
After M	ay 1, 2008 Fee will be \$550		-		ided to Fees				
- ,									
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	☐ Delete	TITL	E			[	Change	Addition
NAME	LORD, CABOT W.		NAM	E					
STREET ADDRESS	3070 SW MAPP RD		STRI	ET ADDRESS					
CITY-ST-ZIP	PALM CITY, FL 34990		CITY	- ST - ZIP					
TITLE		☐ Delete	TITL	E			į	Change	☐ Addition
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CITY-ST-ZIP			CITY	-ST-ZIP					
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NAME			NAM	- !					
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NAME			NAN	<b>1</b> E					
STREET ADDRESS			SIR	EET ADORESS					
CITY-ST-ZIP			CITY	'-ST-Z1P					
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NAME		THE DELEGE	NAN				'		
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				'-SI-ZIP					
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l indicatée	certify that the information supplied wi from this report or supplemental report	is true and accurate and the	at my siona	ture shall have the	e same legal effec	as if made under	oath: that I an	n an officer	or director
of the co	rporation or the receiver or trustee em-	powered to execute this repo	ort as requ	ired by Chapter 60	07. Florida Statute	s; and that my nam	e appears in	Block 10 o	r Block 11 if
chanced	l, or on an attachment with an address								

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_