2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Wiay 01, 2000 00.0			
1. Entity Nar	MENT # K44382	•			Se	ecretary of St	ta
Principal Place 13778 CR 2 OXFORD, FL		Mailing Address 13778 CR 209 OXFORD, FL 34484		-	1) 8/8 /1 8/8 8 1/8 18/18 1/ 6 /18	18(1 818() 818() 818() 818() 818() 818() 818()	
	OO NOT WRITE	IN THIS SPA	ACE ,	04092008 4. FEI Numb 59-292	No Chg-P	CR2E034 (11/05) Applied For Not Applicat	ble
	6. Name and Address of Current R	egistered Agent		5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
13778 CR PO BOX 1					NOT WE		
8. The above the obligation SIGNATURE.	e named entity submits this statement for t tions of registered agent.	he purpose of changing its regist	ered office or registe	red agent, or bo	oth, in the State of Floric	ta. I am familiar with, and acce	ot
FiL	Signature, typed or printed name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fin		OO May Be		DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI D GREGORY, DARRYL PO BOX 129 OXFORD, FL 34484	RECTORS			05/28/08-	999394 80027-007 150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT WE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			,				

12. I nereby 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: ____

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2808

352-303-8590

Date