## **2008 FOR PROFIT CORPORATION**

CITY-ST-7/P

changed, or on an attachment

SIGNATURE:

## Apr 11, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L22523 04-11-2008 90030 033 \*\*\*150.00 LAW OFFICES OF MICHEAL L. IRWIN, P.A. 40002~ Principal Place of Business Mailing Address 8009 LAKE WAUNATTA DR 8009 LAKE WAUNATTA DR WINTER PARK, FL 32792 US WINTER PARK, FL 32792 US 03052008 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0151730 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IRWIN, MICHAEL DO NOT WRITE 200 ERNESTINE ST IN THIS SPACE ORLANDO, FL 32801 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE LS \$150.00 After May 1, 2008 Fee. will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE IRWIN, MICHAEL L NAME 8009 LAKE WAUNATTA DR STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 NAME STREET ADDRESS CITY-ST-ZIP fiftE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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

NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**