


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90017 003 ***150.00

DOCUMENT # L43771 1. Entity Name JOHNSON, AUVIL, BROCK & WILSON, P.A.	
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Principal Place of Business 37837 MERIDIAN AVE STE 314 Suite 100 DADE CITY, FL 33525 US	Mailing Address POST OFFICE BOX 2337 DADE CITY, FL 33526 US
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2985033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, LEONARD H. 37837 MERIDIAN AVE SUITE 314 100 DADE CITY, FL 33525

**DO NOT WRITE
IN THIS SPACE**

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) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JOHNSON, LEONARD H. 37837 MERIDIAN AVE STE 314 STE 100 ST-LEO, FL DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT AUVIL, JON L 37837 MERIDIAN AVE STE 314 100 DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BROCK, P HUTCHISON II 37837 MERIDIAN AVE STE 314 100 DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WILSON, JAMES R 37837 MERIDIAN AVENUE, SUITE 314 100 DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 352 567-2500
Date Daytime Phone #