

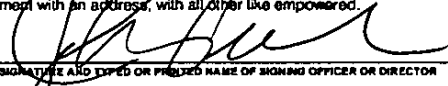


FILED
Jun 09, 2008 8:00 am
Secretary of State

05-19-2008 90038 024 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L88507 1. Entity Name JOHN PILKEY & ASSOCIATES, INC.		
Principal Place of Business 402 BURNS LANE WINTER HAVEN, FL 33884		Mailing Address 402 BURNS LANE WINTER HAVEN, FL 33884
DO NOT WRITE IN THIS SPACE		
04212008 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3022411		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
PILKEY, JOHN 402 BURNS LANE WINTER HAVEN, FL 33884		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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/25/08
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTVS PILKEY, JOHN H. 402 BURNS LANE WINTER HAVEN, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 6/4/08 863.324.1193 <small>Date Daytime Phone #</small>