2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 08:00 AN **DOCUMENT # M87490** Secretary of State 1. Entity Name DONALD W. YETTER, P.A. Principal Place of Business Mailing Address 1111 9TH AVE WEST P.O. BOX 9335 STE B BRADENTON, FL 34206 US BRADENTON, FL 34205 DO NOT WRITE IN THIS SPACE No Chg-P CR2E034 (11/05) 01072008 4. FEI Number Applied For 65-0059103 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YETTER, DONALD W. DO NOT WRITE 1111 9TH AVE WEST IN THIS SPACE BRADENTON, FL 34205 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 reinstalling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME YETTER, DONALD W. STREET ADDRESS 1111 9TH AVE WEST STE B CITY-ST-ZIP BRADENTON, FL 34205 TITLE NAME 4,5,4,4,601,11708Fe0039F0167150:00 STREET ADDRESS DONOTWRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP INTHIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

> president O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-749-1402

Daytime Phone #