FILED Jan 15, 2008 8:00 am Secretary of State

2008	NO.	T-FOR	-PRC	FIT	CORP	ORAT	'iON
		ANN	UAL	REP	ORT		

1. Entity Nam	MENT # N07000010 RSTONE EVANGELISTIC N				01-15-20	08 90039 041 ***	
•	ce of Business RD NORRIS ROAD 32571 US	Mailing Address 3450 WILLARD NORRIS MILTON, FL 32571	ROAD US	d door		KIR BEIDL (IDN) BEKK INDIK BORK S	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 39 - 2	065819	├	pplied For lot Applicable
Žip	Country	Zip	Country	5. Certificate of S	tatus Desired	S8.75 Ac	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New F	Registered Agent	
PILZ, JILL	Е		Name				
	ARD NORRIS ROAD		Street Addre		Not Acceptabl	le)	
			City			FL Zip Co	de
the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its r	registered office or regist	tered agent, or both, in	the State of Fi	orida. I am familiar with	, and accept
SIGNATURE .							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating)	····	DATE	
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	· · · · · · · · · · · · · · · · · · ·	paign Financing	\$5.00 May Be Added to Fees		DATE Make check payable rida Department of 8	1
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Added to Fees	Flor	fake check payable	State
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	paign Financing ontribution.	\$5.00 May Be Added to Fees	Flor	flake check payable rida Department of S	State
10. TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DI D PILZ, RANDAL G 3450 WILLARD NORRIS ROAD	9. Election Cam Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flor	Make check payable rids Department of S	N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI D PILZ, RANDAL G 3450 WILLARD NORRIS ROAD MILTON, FL 32571 D PILZ, VALERIE C 3450 WILLARD NORRIS ROAD	9. Election Cam Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flor	Make check payable rida Department of 8 ERS AND DIRECTORS II	State N 10 Addition
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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 617, 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:

| Compared to the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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.

| Compared to the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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.

| Compared to the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I further certify that the information indicated on this report or supplied to the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I further certify that the information indicated on this report or supplied to the corporation or the receiver or trustee and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee and the information indicated on this report or the corporation or the receiver or trustee and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee and the corporation or the receiver or trustee and the corporation or the receiver or trustee and the corporation or the receiver or trustee