## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2008 8:00 am Secretary of State

ARRIVAL ILLI OILL							Secretary or State					
DOCUN 1. Entity Name SPANISH SHORES,				. 1	01-29-2008	3 90009 (	013 ****70	0.00				
Principal Place P O BOX 830 OCALA, FL 3	104	Mailing Address P O BOX 830104 OCALA, FL 34483-0104			<b>  1   1     2                           </b>		iai Ribii bibli bi	OLI DIDIT BIDIL DIDIL				
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01082008	Chg-NP	CR2E0	37 (12/06)			
City & State		City & State				4. FEI Number NOT AP	PLICABLE			plied For Applicable		
Zip	Country	Zip Co		itry	5. Certificate of Status I		of Status Desired	<b>7</b> 4	\$8.75 Add Fee Required			
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New	Registered	Agent :			
ROBLES, ROSALBA 441 WATER RD OCALA, FL 34472				Name CARMEN-AAYALA Street Address (P.O. Box Number is Not Acceptable)								
OOALA, I I		City			9 L M - RD.			FL Zip Code				
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 I applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
10.	OFFICERS AND DI		11.			ADDITIONS/CHA	NGES TO OFFIC	ERS AND D	RECTORS IN	10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBLES, ROSALBA 441 WATER RD OCALA, FL 34472	🗖 Delete	TITLE NAME STREE CITY-S	T ADDRESS	PORP	RMEN-	A-AYAL 134472	. A	X Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRUET, CARLOS 461 SPRING LN OCALA, FL 34472	🔀 Delete	TITLE NAME STREE CITY-S	T ADDRESS	VB HIL	DA-NAV Ding for	ARRO	_	<b>⊠</b> Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIRALBA-ORTEGA, YERTY 317 BAHIA TRACK OCALA, FL 34472	<b>≥</b> Delete		T ADDRESS ST-ZIP	SBCA	ROL-S ECAN-	EPULVE PASS-CT	<i>ī</i> ,	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, MORALES 5984 S.E. 88TH STREET OCALA, FL 34472	☐ Delete				•	RALES PSECT 34472		□ Change	Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	FD AYALA, VICTOR 8 PALM RD OCALA, FL 34472	<b>⊠</b> Delete			70 EN 463	RIQUE-	1/ARGA 42 2 3 3 4474	IS C+	<b>⊠</b> Change	☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete					, ,		☐ Change	Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exempsions 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

Carne, O, Oy aln SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14, 08

354-687-4130

Daytime Phone #