2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

1. Entity Nan	MENT # N22402 THE NOTE TO THE NAME OF THE	SOCIATION, INC.				creta 1 -11-2008 90	•		
Principal Plac C/O GARY C. 121 NW THI OCALA, FL	RD STREET	Mailing Address C/O GARY C. SIMONS 121 NW THIRD STREET OCALA, FL 34475	<u> </u>		4006550	HON Eten morre was	878M 8880 88		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	01032008 _{CI}	hg-NP	CR2E03	37 (12/06)	
City & Stat	te	City & State			4. FEI Number 59-284394	6			Applied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and Add	ress of New Ro	egistered /	Agent	
SIMONS,	GARY C.		Name						
	HIRD STREET		Stree	et Address (I	P.O. Box Number is I	Not Acceptable)		
			City				FL	Zip Coo	de
8. The above the obligate SIGNATURE.	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered offic	e or register	ed agent, or both, in	the State of Flor	rida. I am	familiar with	, and accept
	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE	: Registered Agent si	gnature required	when rainstating)		DATE		
	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financin		\$5.00 May Be Added to Fees		ake check	payable i	A CONTRACTOR OF THE PROPERTY O
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Can Trust Fund C	npaign Financin	9 🗆	\$5.00 May Be	Flori	ake check da Depari	lment of S	State
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12. I nereby 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 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: JAMES BUD SMITH 04/08/08 (352)620 - 0340