OR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2008 8:00 am

Pincipal Place of Butiness P.O. BOX 11215 P.O. BOX 11	1. Entity Nan		9700000052	<i>(</i>			P(*)	ecreta 02-12-2008 90	•		
Suitle, Apt. #, etc. Suitle, Apt. #, etc. Suitle, Apt. #, etc. Q0032008 Chg.NP CR2E037 (12/06) City & State City & State A. FEI Number Sp. 3416134 Next Applicable Next Applicable Sp. 3416134 Next Applicable Sp. 341613	P.O. BOX 11	215	Р	.O. BOX 11215	2302-321	5	A A A A A A A A A A A A A A A A A A A	FB1(1 1 Mas) Mas) Mas(1 Mas)	1914 GR 171 GR 171 GS 7 6 1	-	P1154 P1 4KP1
City & State Country City FL Zip Code FL Zip Co	2. Principal Place of Business - No P.O. Box #		o P.O. Box # 3.	3. Malling Address							
S9-3416134 Next Applicable S9-3416134 Next Applicable S9-3416134 Next Applicable S9-3416134 S9-34000000000000000000000000000000000000	Suite, Apt. #, etc.			Suite, Apt. #, etc.			02032008	Chg-NP	CR2E037	(12/06)	•
S. Cardificación of Sistus Delirad - 6. Hame and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number in Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. SIGNATURE Filting Fee is \$61.25 Due by Mey 1, 2008 OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Convert ap TALLAHASSEE, FL 32301 THE NOW ANTHONY, BRENDA ANTHONY, BREND	City & State			City & State							<u> </u>
CONTE, JO 2001 E. INDIANHEAD DR TALLAHASSEE, FL 32301 City FL Zp Code Co	Zip Country		intry	Zip Co.		intry	5. Certificate of Status Desired \$8.75 Additional				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Florida Learn Adrillar with, and accept in the oblity, in the State of Ficrida. I am familiar with, and accept in the oblity, and accept in the oblity of part with, and accept in the oblit		6. Name and Add	dress of Current Regist	ered Agent_		Name	7. Name and A	Address of New F	Registered Age	int	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, 1999 of potentiaces of implement agent and title 1 applicable. (MCTE Registered Agent Structure Product of the Change of Florida Department of State				Stree		Street Addre	ess (P.O. Box Number	is Not Acceptable	e)		•
B. The above named entity submits this statement for the purpose of changing its 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 explicitable. (NOTE Registered Agent displante regulard when rebuilding) DATE	TALLAHAS	SSEE, FL 32301									•
SIGNATURE Signature Signa						City			FL	Zip Cod	e
Signature, Types of injustment and use of ingritated agent and title if applicable. Post				urpose of changing i	ts registere	ed office or reg	istered agent, or both	, in the State of Fi	orida. I am fam	illar with,	and accept
Due by May 1, 2008	SIGNATURE	Signature, typed or printed n	ame of registered agent and title I	applicable. (NK	OTE: Registered	d Agent elgnature re	quired when reinstating)		DATE		
TITLE NAME CONTE, JO CONTE	. •						\$5.00 May Be Added to Fees				
NAME STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32301 TITLE NAME ANTHONY, BRENDA STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32312 TITLE VD TALLAHASSEE, FL 32312 TITLE NAME BOYD, JANEGALE STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32344 TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32312 TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MONTICELLO, FL 32344 TITLE VD Delete TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32312 TITLE VD Delete TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32301 TITLE SD ARMESTO, LOU TITLE SD ARMESTO, LOU TITLE SD ARMESTO, LOU TITLE SD ARMESTO, LOU TALLAHASSEE, FL 32312 TITLE NAME STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32301	10.		FEICERS AND DIRECTO		11.			NOTO TO OFFICE		TODO IN	
NAME STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32312 TITLE VD NAME BOYD, JANEGALE STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32344 TITLE VD NAME BOYD, JANEGALE STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32344 TITLE VD NAME BENDA, NANCY STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32301 TITLE NAME STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32301 TITLE SD NAME ARMESTO, LOU STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32312 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32312 TITLE NAME STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32312 TITLE D- MOLONEY, CATHY STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32301 TITLE D- MOLONEY, CATHY STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32301	7171 C		THE TOTAL PROPERTY.		nne		ADDITIONS/CHAI	NGES TO OFFICE			
TITLE NAME BOYD, JANEGALE STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 TITLE NAME BENDA, NANCY STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 TITLE NAME ARMESTO, LOU STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE NAME ARMESTO, LOU STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE NAME ARMESTO, LOU STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301	NAME STREET ADDRESS	TD CONTE, JO 2001 E. INDIANH	EAD DR		NAME Strei	ET ADDRESS	ADDITIONS/CHA	NGES TO OFFICE			
TITLE VD Delete	NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	TD CONTE, JO 2001 E. INDIANH TALLAHASSEE, I PD ANTHONY, BREN 8919 WINGED FO	EAD DR FL 32301 NDA DOT	☐ Delete Zi Delete	NAME STREI CITY- TITLE NAME STREI	E ET ADDRESS -ST-ZIP E K	dley, Pam	ecle Way	C	Change	Addition .
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME ARMESTO, LOU NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD CONTE, JO 2001 E. INDIANH TALLAHASSEE, I PD ANTHONY, BREN 8919 WINGED FO TALLAHASSEE, VD BOYD, JANEGAL 735 W. WASHING	EAD DR FL 32301 NDA DOT FL 32312 E GTON ST	Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE	E ET ADDRESS -ST-ZIP E E	dley, Pam loof Glon Ed Tallahassee,	·sleway	C 32312	Change	☐ Addition
TITLE D - Grange Delete TITLE Change Addition NAME MOLONEY, CATHY NAME NAME STREET ADDRESS 1519 BELMOMT TRACE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD CONTE, JO 2001 E. INDIANH TALLAHASSEE, I PD ANTHONY, BREN 8919 WINGED FO TALLAHASSEE, I VD BOYD, JANEGAL 735 W. WASHING MONTICELLO, FO VD BENDA, NANCY 2430 OLD ST. AL	EAD DR FL 32301 NDA DOT FL 32312 LE GTON ST L 32344	Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE NAME STREE	E ET ADDRESS -ST-ZIP	dley, Pam læt Glen Er Tallahusser, PD boyd, Jane 35 W. Was lontreello,	·sleway	32312 X S+ 344	Change	Addition Addition Addition
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	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONTE, JO 2001 E. INDIANH TALLAHASSEE, I PD ANTHONY, BREI 8919 WINGED FO TALLAHASSEE, I VD BOYD, JANEGAL 735 W. WASHING MONTICELLO, FI VD BENDA, NANCY 2430 OLD ST. AU TALLAHASSEE, SD ARMESTO, LOU 1133 BLACKHAV	EAD DR FL 32301 NDA DOT FL 32312 E GTON ST L 32344 JGUSTINE RD FL 32301	Oelete Delete Delete	NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS -ST-ZIP TO ADDRESS -ST-ZIP TO ADDRESS -ST-ZIP TO ADDRESS -ST-ZIP TO ADDRESS -ST-ZIP	dley, Pam loot Clen Es Tallahassee, PD boyd, Jane 35 W. Was lonteello,	gale Shington FL 32	32312 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Change Change Change	Addition Addition Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08