## FILED Feb 07, 2008 8:00 am Secretary of State

2008 N	101	r-FOR-PRO	FIT CORP	ORATION
	٠.	ANNUAL	REPORT	

1. Entity Nam	MENT # N99000002				02-07-200	tary ( 08 90010 (			
Principal Place of Business 5399 RONALD REGAN BLVD SANFORD SANFORD, FL 32773		Mailing Address 5399 RONALD REGAN E SANFORD SANFORD, FL 32773	BLVD	j.					
2. Principal P 5399 R Suite, Apt.	tace of Business - No P.O. Box#  onalD Reagan BLVD #, etc.	3. Mailing Address 5399 RONALD ReagaN BLVD Suite, Apt. #, etc.			hg-NP	CR2E037			
City & Stat San Fo Zip 3277.	RD, FL.	City & State Sanford, F	Country	10	FEI Number 59-356986     Certificate of S			8.75 Ad	
34//-	6. Name and Address of Current R	<u> </u>	SemiNO	رو	7. Name and Add	tress of New I		ee Require	<del></del>
WOODS,			Name					<del></del>	
5399 CR 4		Street Ad		ddress (I	ess (P.O. Box Number is Not Acceptable)				
	named entity submits this statement for		City				FL	Zip Coo	
the obligat	Signature, typed or printed frame of registered agent at		: Registered Agent signat	ure required	when reinstating) \$5.00 May Be	2	DATE	08	open a constant
	Due by May 1, 2008	Trust Fund C	ontribution.	Ü	Added to Fees		rlda Departr		
10.	OFFICERS AND DIR		11.	<del></del>	ADDITIONS/CHANG	SES TO OFFICE			
NAME STREET ADDRESS CITY-ST-ZIP	SAUNDERS, DEBBIE 901 RANGELINE RD LONGWOOD, FL 32750	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP				1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNHAM, KATHY 2739 E OAK DR APOPKA, FL 32703	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODS, JAMES W 2965 WINDLE LANE S DAYTONA, FL 321198534	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNHAM, JAMES 2739 E. OAK DR APOPKA, FL 32703	_ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	_				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	T FREEMAN, DONALD 160 HIBISCUS LANE DELTONA, FL 32738	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEELE, GLEN 901 HASLTEAD ST DELTONA; FL 32725	□ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
indicated of the cor changed	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empoy or on an attachment with an address, w	true and accurate and that m wered to execute this report a	ny signature shall h as required by Cha	iave the s	same legal effect as	if made under	nath: that I an	an office	r or director.
SIGNAT	SIGNATURE AND TYPED OR PE	INITED NAME OF SIGNING OFFICER (	OR DIRECTOR		700	Date , C	7000	time Phone #	