


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90027 019 ****61.25

DOCUMENT # N99000005169	
1. Entity Name A NEW GENERATION OF HERNANDO, INC.	

Principal Place of Business 134 E FT-DADE AVE BROOKSVILLE, FL 34601	Mailing Address P O BOX 1935 BROOKSVILLE, FL 34605
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3596705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOODRUFF, SHAWN 4195 NEFF LAKE RD BROOKSVILLE, FL 34601
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, CARL REV 29249 WLPAYNE ROAD BROOKSVILLE, FL 34922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RESSEL, CYNTHIA 11117 CINDY DRIVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARVET, HAROLD <i>VARVEL, HAROLD</i> 140 LARK AVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODRUFF, SHAWN <i>TD</i> 4195 NEFF LAKE RD BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 employed 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: *Shawn Woodruff* SHAWN WOODRUFF *1-28-08* 799-1012 *(352)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
TREASURER