2008 FOR PROFIT CORPURATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 A Secretary of State

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1. Entity Nan	MENT # P000000118 I H. GARVIN III, P.A.	81					Seci	ctary or S	•
Principal Plac	ce of Business	Mailing Address							
	GE SQUARE BLVD	1582 VILLAGE SQUARE BLVD							
IALLAHASSI	EE, FL 32309	TALLAHASSEE, FL 32309							
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		IN FILIO OFA	YE,	· ·	El Numbe 59-3627			Applied For	_
a de la Compania. Se ou la Compania.		Water State Contract	a Joseph J					\$8.75 Additional	_
				5. (Certificate (of Status Desired		Fee Required	_
	6. Name and Address of Current Re-	jistered Agent	100					特的活動。	
GARVIN, WILLIAM H III 1582 VILLAGE SQUARE BLVD TALLAHASSEE, FL 32309				•	IN T	NOT W THIS SI	25	ν , ' · · · · · · · · · · · · · · · · · ·	
	named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or re	gistered ag	ent, or both	h, in the State of F	lorida. I ar	n familiar with, and accept	_
SIGNATURE	Signature, typed or printed name of registered agent and I	itle if applicable (NOTE: Registers	d Agent signaturs	required when re	einstating)	•	DATE		
					- - T				-
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Final Trust Fund Contribution. 	ncing 🔲	\$5.00 M Added to F					
10.	OFFICERS AND DIF	ECTORS	lidda et i		e E	2. H. Chik		Park di Arte	_
TITLE	D CARDON NAME AND A LANGE		100	r e					
NAME , STREET ADDRESS	GARVIN, WILLIAM H III 1582 VILLAGE SQUARE BLVD				ir Hill		grindant, j	เรียก ข้าง เรียก เรียก เกี่ยก เกี เกี่ยก เกี่ยก เกี่ย	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		p. rat.		3.0		008968	ee. K. A.A	
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STREET ADDRESS CITY-ST-ZIP			1		, C -				
TITLE				. 1687 H. J					
NAME				اب ا		No. of the last of	. 543.		
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CITY-ST-ZIP				สล้อกเต็	رو د			与 以高级联系	
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 607, 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME

MINUS EX MV WY GOLD GREET OR DIRECTOR

4/11/09

950 422-3400