2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 A Secretary of State

Daylime Phone #

ANNUAL REPURI				Apr 21, 2008 08:0			
1. Entity Nam	MENT # P000000273			S	ecreta	ry of St	
4159 STATE	ce of Business ERD 218 G, FL 32068	Mailing Address 4159 STATE RD 218 MIDDLEBURG, FL 32068		 	E410 4811 4811 88111 4811	ITKI MZN 1888 (HB)	18/88 11/19 2 1 11 (EB)
	O NOT WRITE	IN THIS SPA	CE	03122008	No Chg-P	CR2E034 (11	
				59-363		□ \$8.7 Fee Re	Not Applicable 5 Additional
1301 RIVE	6. Name and Address of Current Re A HAMILTON ERPLACE BLVD, SUITE 2254 IVILLE, FL 32207-9036	gistered Agent			NOT WI HIS SPA	1,000	
the obligated SIGNATURE.	onamed entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and the tions of the t	utle of applicable. (NOTE. Registere 9. Election Campaign Finar	d Agent signature required		h, in the State of Flori	DATE	with, and accept
					- <u>00,000,000</u>	11 <u>222</u> 5 19972 925	10000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONEYHAN, CAROLYN J 4159 STATE RD 218 MIDDLEBURG, FL 32068	RECTORS			, i.e.		1 100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N. gera		и 4				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				• • • •		. •	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther 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 eath; 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 aderess, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

SIGNATIONE AND TYPED OR PRINT

CAROLYN MONEYHAN