2008 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Mar 18, 2008 08:00 A

1. Entity Nam	MENT # P0000004018 DC. BENNETT INSURANCE, II				Secretary of Sta
Principal Place 2823 HWY 3 ELLENTON, I	01, SUITE 1	failing Address 2823 HWY 301, SUITE 1 ELLENTON, FL 34222			
D	O NOT WRITE I	CE	01312008 No Chg-P CR2E034 (11/05) 4. FEI Number		
2823 HWY	, RICHARD C	stereu Agern			NOT WRITE THIS SPACE
the obligat	named entity submits this statement for the ions of registered agent Signature typed or printed name of registered agent and title E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		d Agent signature required		oth, in the State of Florida. I am familiar with, and accept DATE
					######################################
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BENNETT, RICHARD C 2823 HWY 301, SUITE 1 ELLENTON, FL 34222	CIONS			nav nov movement (2017) in 1
NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY STATE					

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 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.

C.	GI	ıιΛ	TI	ID	┏.

PRESIDENT