

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90026 033 \*\*\*150.00

**60042868**



02102008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3644812** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

SCOURTAS, LOUIS  
24761 US HWY 19 N, SUITE 630  
CLEARWATER, FL 33763

## 7. Name and Address of New Registered Agent

Name **RODNEY GRAY**  
Street Address (P.O. Box Number is Not Acceptable) **4012 CORTEZ ROAD WEST STE 2202**  
City **BRADENTON, FL** Zip Code **34210**

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 *[Signature]* DATE **4-25-08**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, RODNEY	
STREET ADDRESS	4012 CORTEZ ROAD WEST STE 2202	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, MELANIE	
STREET ADDRESS	4012 CORTEZ ROAD WEST STE 2202	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOURTAS, LOUIS	
STREET ADDRESS	24761 US HWY 19 N, SUITE 630	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-25-08** DAYTIME PHONE # **941-727-9337**