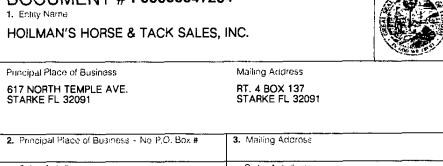
2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000047254



FILED Apr 28, 2008 08:00 AN Secretary of State

Puncipal Place of Business		Mailing Address					
617 NORTH TEMPLE AVE. STARKE FL 32091		RT. 4 BOX 137 STARKE FL 32091					
2. Principal Place of Business - No P.O. Box #		3. Mailing Addross		1 100%	1981 III BRIII BRIII BRIII BBIII BBIII BBIII B	48# 1881# 1188# \$1111 #12	
Suite, Apt. #, etc		Suite, Apt. #, etc.		1st	1st MOORE CR2E034 (10/07)		
City & State		City & State		4. FEI Numbe	E0 36 / / 63 / 63 / 63 / 63 / 63 / 63 / 6		plied For Applicable
Z _I p Country		Z:p	Country	5. Certificate	e of Status Desired		litional d
	6. Name and Address of Curre	nt Registered Agent	nt		7. Name and Address of New Registered Agent		
			Name				
CIRIGLIANO, JULIE M 486 N. TEMPLE AVE. STARKE FL			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
SIA	RNE PL		City			Zip Code	2
				FL '			
	named entity submits this statemen ions of registered agent.	t for the purpose of changing it	is registered office or	registered agent, or bo	th, in the State of Florida. Ta	am familiar with.	and accept
SIGNATURE.	Signature, Upped or printed livenst of registered as	eert and title Trampicable. (NO	FE Registered Agor Le translet	п гедынга жүкт киппали до	ואם	re	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550 Payable to Florida Departmen	.00 [547]55]			9. Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees
10.	OFFICERS AI	ND DIRECTORS	11.	ADDITIONS.	CHANGES TO OFFICERS /	ND DIRECTOR	S IN 11
TITLE	PD	☐ Derete	TITLE			☐ Change	Addition
NAME	HOILMAN, BESSIE		NAME		1.22222222	_	ļ.
STREET ADDRESS	7208 NW 180TH ST		STREET ADORESS		000000924469 05/19/08-80002-	; .a.c. 100 (าก
CITY ST-ZIP	STARKE FL 32091		C(TY-ST-ZIP		02/13/08-80005-	U10 13U.	JU
TITLE	VP	☐ De⊧ete	TITLE			☐ Change	Addition
NAME	HOILMAN, OSCAR		HAME				
STREET ADDRESS	7208 NW 180TH ST		STREET ADDRESS				f
CITY-ST-7IP	STARKE FL 32091		CITY-ST-ZIP				
INLE		☐ Derete	THE			Change	Addition
NAME			HAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		<u> </u>	GITY-ST-ZIP				
THE		Derete	TIFLE			☐ Change	Addition
NAME			NAME CAUSE ADDRESS				
STREET ADDRESS			STHEET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP		FT -				Change	Additron
HIE		☐ De ele	TITLE NAME			□ cuange	☐ Voorioit
NAME STREET ADDRESS			STREET ADDRESS				
CITA- 21-51b			CITY-ST-ZIP				
		☐ Deleta	TITLE			☐ Change	Addition
TITLE NAME		FT Desig	NAME				
STREET ADDRESS			STREET ADORESS		•		
CITY - ST - ZIP			CHY-ST-ZIP				

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under path, 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.

BEATT HE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR