2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

			·	•	- P	~ 1, _ 000	000
DOCUMENT # P0000055529 1. Entity Name SURETY, INC.						Secretary (of St
Principal Plac	e of Business	Mailing Address]			
1132 \$ CYPI VENICE, FL		1132 S CYPRESS PT DR VENICE, FL 34293		 - 	ADIN POM POM POM PO	A BBYBY BYYAY AWAY AWYA MAYA KAWAA	11 M ar i
in the state of th	The state of the s	1923	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	O NOT WRITE	IN THIS SPA	CE	04072008 4. FEI Numbe	No Chg-P	CR2E034 (11/05)	ed For
				65-101		Not Ay	oplicable
	The second of the second		1 ,,	#	51 616166 2001100	Fee Required	-
FIORILLO 1132 S C\ VENICE, F	PRESS PT DR	gistered Agent			NOT W	in the first of the second second	
0 The share		f -1	3.55			Charles Company and Charles Company	
	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bot	n, in the State of Fit	jnda. Tam lamillar wiln, and	accept
SIGNATURE.							
- CIGNATOTIE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Pegister	d Agent signature required	i when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS			est (Section 1)	and the state of the	14
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FIORILLO, ELLEN 1132 S CYPRESS PT DR VENICE, FL 34293	·				ineasana. V	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						1-80081-021 150	.00
- TITLE -			اه معرب مرحمشه ميسا طهونه معرب مرحمشه ميسا	as of the		hapalafu hir ani li li li di dia na	Fr
NAME STREET ADDRESS			•			and the second second	, , ,
CITY-ST-ZIP				, DO	NOT W	RITE	4.3
TITLE				IN.	THIS SP	PACE	
NAME STREET ADDRESS			A	4			.
CITY-ST-ZIP			, ,				
TITLE					总路线集		
NAME Street address							(a)
CITY-ST-ZIP							30 i
TITLE							
NAME STREET ADDRESS			ion 25				1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1

12. I hereby certify that the information supptied 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-09 941 586 8966 Date Destine Proce #