## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2008 08:00 A **DOCUMENT # P00000076340** Secretary of State GREEN & GREEN, P.A. Principal Place of Business Mailing Address 9030 WEST FORT ISLAND TRAIL, #5 9030 WEST FORT ISLAND TRAIL, #5 CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 01162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3668275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREEN, JAMES D DO NOT WRITE 9030 WEST FORT ISLAND TRAIL, #5 CRYSTAL RIVER, FL 34429 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aigneture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. VSD TITLE GREEN, JAMES D NAME 9030 WEST FORT ISLAND TRAIL, #5 STREET ADDRESS CITY-ST-ZIP **CRYSTAL RIVER, FL 34429** CPTD TITLE U00000795341 01/28/08-90043-010 150.00 GREEN, WT NAME STREET ADDRESS 9030 WEST FORT ISLAND TRAIL #5 CTTY-ST-ZIP CRYSTAL RIVER, FL 34429 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 opticistic 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 officer in like empowered.

SIGNATURE:

STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/22/08

(352)75-45

**FILED**