2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

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1. Entity Na	JMENT # P000000829 FOUR, INC.	981					
Principal Pla	ace of Business	Mailing Address					
3036 S.R. 6 Ruskin, Fl	674	3036 S.R. 674 RUSKIN, FL 33570					
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				59-3667			Not Applicable
					of Status Desired		75 Additional Required
	6. Name and Address of Current Re	gistered Agent	E STANTARISE	75445 No. 1777	er seste e	100	Kadulled
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RUSKIN,	FL 33570			INT	HIS SF	ACF	
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8. The above	e named entity submits this statement for th	e purpose of changing its register	ed office or registere	ed agent, or both	, in the State of Fig	rida. I am famili	ar with, and accept
the obliga	itions of registered agent.						
SIGNATURE.							
	Signature, typed or printed name of registered agent and	Lille if applicable (NOTE: Registers	d Agent signature required	when reinstating)		DATE	
FIL		9. Election Campaign Fina	<u> </u>			DATE	
	Signalure, typed or printed name of registared agent and E NOWIII FEE IS \$150.00 By 1, 2008 Fee will be \$550.00		ncing \$5.0	DO May Be d to Fees		DATE	
	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina Trust Fund Contribution.	ncing \$5.0	DO May Be		DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 OFFICERS AND DIR	9. Election Campaign Fina Trust Fund Contribution.	ncing \$5.0	DO May Be	Usasas	DATE	
After M 10. TITLE NAME	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 OFFICERS AND DIR PD NUGENT, PAUL W	9. Election Campaign Fina Trust Fund Contribution.	ncing \$5.0	DO May Be	. Ú0000 . 09/27/08	0854385 -90005-00	31 150 00
10. TITLE NAME STREET ADDRESS	PD NUGENT, PAUL W 163 MAGAZINE ST.	9. Election Campaign Fina Trust Fund Contribution.	ncing \$5.0	DO May Be	. 03/27/08	0854365 -80005-00	01 150.00
After M 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUGENT, PAUL W 163 MAGAZINE ST. CAMBRIDGE, MA 02139	9. Election Campaign Fina Trust Fund Contribution.	ncing \$5.0	DO May Be	. U0000 03/27/08	0854365 -80005-00	01 150.00
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12. Thereby 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: GUINTUGINT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 00/0