## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2008 08:00 A Secretary of State **DOCUMENT # P00000087304** JUDITH R. JOHNSON PA Principal Place of Business Mailing Address 3450 GULFSHORE BLVD. N #310 3450 GULFSHORE BLVD. N #310 NAPLES, FL 34103 US NAPLES, FL 34103 US No Chg-P CR2E034 (11/05) 03062008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1041937 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JOHNSON, JUDITH R DO NOT WRITE 3450 GULFSHORE BLVD, N #310 NAPLES, FL 34103 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U000000860795 NAME JOHNSON, JUDITH R 04/02/08-80079-001 150.00 3450 GULFSHORE BLVD. N #310 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7/P

> atube IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08

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