## 2008 FOR PROFIT CORPORATION

## **FILED** 3:00 A tate

DOCUMENT # P01000009212  1. Enlity Name PODPRO CORPORATION  Principal Place of Business 1975 OLD MOULTRIE RD. ST. AUGUSTINE, FL 32086  DO NOT WRITE IN THIS SPACE  Secretary 0  O3072008 No Chg-P CR2E034 (11/05)  Applied F	ANNUAL REPORT				Mar 20, 2008 08			
1975 OLD MOULTRIE RD. ST. AUGUSTINE, FL 32086  P.O. OFFICE BOX 4050 SAINT AUGUSTINE, FL 32085  DO NOT WRITE IN THIS SPACE    03072008	1. Entity Name						Secretar	y of S
DO NOT WRITE IN THIS SPACE  4. FEI Number	1975 OLD N	MOULTRIE RD.	P.O. OFFICE BOX 4050				II	
DO NOT WRITE 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 active obligations of registered agent.  SIGNATURE  Signature hoped or printed name of registered agent and life if applicable (NOTE Registered Agent agridure required when renditating)  PILE NOWITY FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  TITLE  MME  MILITELLO, JAMES S ST. AUGUSTINE, FL 32095  TITLE  DVS  MILITELLO, ELAINE E 260 REDFISH CREEK DR. ST. AUGUSTINE, FL 32095  TITLE  DVS  MILITELLO, ELAINE E 260 REDFISH CREEK DR. ST. AUGUSTINE, FL 32095  TITLE  STREET ADDRESS  CITY-ST-2P  TO AUGUSTINE, FL 32095  TITLE  MAKE STREET ADDRESS  ST. AUGUSTINE, FL 32095  TO AUGUSTINE, FL 32095  TO AUGUSTINE, FL 32095  DO NOT WRITE	С			CE	03072008  4. FEI Number 59-3695	No Chg-P	CR2E034 (11/05)	pplied For lot Applicable Iditional
THE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TITLE  MAKE  CITY-S1-ZIP  TITLE  DVS  MILITELLO, ELAINE E  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  MILITELLO, ELAINE E  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  MILITELLO, ELAINE E  260 REDFISH CREEK DR.  ST. AUGUSTINE, FL 32095  TITLE  NAME  STREET ADDRESS  TO NOT WRITE	HALL, CHARLES E 77 ALMERIA ST.							
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS  1ITILE DPT  MAME MILITELLO, JAMES S  STREET ADDRESS CITY-ST-ZP ST. AUGUSTINE, FL 32095  1TILE DVS  MAME MILITELLO, ELAINE E  STREET ADDRESS CITY-ST-ZP ST. AUGUSTINE, FL 32095  1ITILE NAME  STREET ADDRESS ST. AUGUSTINE, FL 32095  1ITILE NAME  STREET ADDRESS ST. AUGUSTINE, FL 32095  1ITILE NAME  STREET ADDRESS STREET ADDRESS ST. AUGUSTINE, FL 32095	the obligat	tions of registered agent.				, in the State of Flo		, and accept
TITLE MAME MILITELLO, JAMES S STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ST. AUGUSTINE, FL 32095 TITLE NAME STREET ADDRESS STREET ADDRESS ST. AUGUSTINE, FL 32095 TITLE NAME STREET ADDRESS ST. AUGUSTINE, FL 32095 TITLE NAME STREET ADDRESS STREE	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Final			ncing \$5	.00 May Be led to Fees			
TILE NAME STRIET ADDRESS CITY- ST- 71P TITLE NAME STREET ADDRESS	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	DPT MILITELLO, JAMES S 260 REDFISH CREEK DR. ST. AUGUSTINE, FL 32095 DVS MILITELLO, ELAINE E 260 REDFISH CREEK DR.	ECTORS			04/04/0i N <b>OT W</b>	8-80010-021 RITE	150.00

12. Thereby 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 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 approved.

SIGNATURE: \_

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTE

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #