## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000024476

1. Entity Name

R.W. WITTY INVESTMENTS OF FLORIDA, INC.



FILED Jan 17, 2008 08:00 AN Secretary of State

Principal Place of Business -

PALM COASTG 79 LAGARE PALM COAST, FL 32137-1469 Mailing Address

79 LAGARE STREET PALM COAST, FL 32137-1469



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

01102008

\$6.75 Additiona Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SAVY, BENJAMIN 2825 NORTH OCEANSHORE BLVD BEVERLY BEACH, FL DO NOT WRITE
IN THIS SPACE

and the first of the state of the state of

No Cha-P

				A STATE OF THE STA	on the figure of the state of
	named entity submits this statement for the plions of registered agent.	urpose of changing its registe	ered office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_		<del> </del>		<del> </del>	
Signature, typed or printed name of registered agent and title it applicable (NOTE: Registere			red Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	<u> </u>	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS		34 2		Carried State Company of the Company
TITLE	PCEO			• • • • • • • • • • • • • • • • • • • •	ta di digung paga tang tang di diguna tang di di diguna. Si mga perjagan perjagan paga tang di diguna tang
NAME	WITTY, ROBERT W		\$4.	14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	
STREET ADDRESS	79 LAGARE ST			The second of	manufic for the second state of the
CITY-ST-ZIP	PALM COAST, FL 32137			and the second	

COO TITLE WITTY, SALLY V NAME STREET ADDRESS 79 LAGARE ST CITY-ST-ZIP PALM COAST, FL 32137 TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

. 01;/17/08-80077-010 150-00

DO NOT WRITE
IN THIS SPACE

and the state of the state of the state of

The Beath Anthropic of the Contract of

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 invitee 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

93-6179 Davtme Phona \*