2008 FOR PROFIT CORPORATION ANNUAL REPGRT

Feb 07, 2008 08:00 A Secretary of State **DOCUMENT # P01000037269** JOSEPH G. EPLETT, D.C., P.A. Mailing Address Principal Place of Business **429 5TH AVE** 429 5TH AVE INDIALANTIC, FL 32903 INDIALANTIC, FL 32907 02042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 90-0043228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EPLETT, JOSEPH DR DO NOT WRITE 429 5TH AVE. INDIALANTIC, FL 32903 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME EPLETT, JOSEPH G STREET ADDRESS 429 5TH AVE. INDIALANTIC, FL 32903 CITY-ST-7/P U00000819754 02/15/08-80093-025 150.00 TITLE NAME STREET ADDRESS CITY-ST-7/2 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET AODRESS 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 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 trutted exposure that I am an officer or director of the corporation or the receiver or trutted exposure that I am an accurate 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 accuracy with appetitude was required by Chapter 607.

SIGNATURE:

STREET ADDRESS CITY-S7-ZIP

IGNATURE AND TYPE OR TRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-08 321-733-4

Daytime Phone

FILED