

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90022 044 ***150.00

DOCUMENT # P01000037689

1. Entity Name
CORONA AUSTRALIS, INC.



Principal Place of Business

300 CIRCLE PARK DR
SEBRING, FL 33870

Mailing Address

300 CIRCLE PARK DR
SEBRING, FL 33870

40014000



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3717865

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEAN, DOUGLAS A
300 CIRCLE PARK DR
SEBRING, FL 33870

**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 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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, WILLIAM R
STREET ADDRESS	1605 HITAKER AVE.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	VD
NAME	MCLEAN, MARGARET W
STREET ADDRESS	2707 GREENACRE DR.
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	SD
NAME	BROWN, FRANCES
STREET ADDRESS	1605 HITAKER AVE.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	TD
NAME	MCLEAN, DOUGLAS A
STREET ADDRESS	2707 GREENACRE DR/
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas A. McLean

1/28/08 863-382-3382

Date

Daytime Phone #