2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000085868

1. Entity Name

TUSKAWILLA CORPORATE SL, INC.



Principal Place of Business

925 S FEDERAL HWY

STE 425

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

BOCA RATON, FL 33432

Mailing Address

FILED

Mar 18, 2008 08:00 A Secretary of State

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PO BOX 11229

KNOXVILLE, IN 37939

CR2E034 (11/05) 01222008 No Chg-P

4. FEI Number Applied For 58-2648889 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

BLALOCK LANDERS WALTER & VOGLER PA 802 11TH STREET WEST BRADENTON, FL 34205

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		, , ,		
 The above named entity submits this statement for the p the obligations of registered agent. 	purpose of changing its re-	gistered office or r	egistered agent, or bot	n, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title	f applicable. (NOTE: R	lagistared Agent signature	required when reinstating)	OATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<u> </u>	129 (L.S.) 280 (C.S.)	OROGERSA DE L'OROGEO-GLOSEE, ENGENERALE HE SHEME PETRE ACTET LA

TITLE

LEVIN, STEVEN NAME STREET ADDRESS 925 S FEDERAL HWY., STE 425 CITY-ST-ZIP BOCA RATON, FL 33432 TITLE NAME STREET ADDRESS

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

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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 treated 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 received for trustee amounted 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 a address with all other like empowered.

Steven Levin, President SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 948-7100

Date

Daytime Phone #