## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2008 08:00 AN Secretary of State

Daylime Phone #

1. Entity Nam	MENT # P010000927	80			Secretary of Stat
Principal Plac 825 EAST LE DELTONA, FL	HIGH DR	Mailing Address 825 EAST LEHIGH DR DELTONA, FL 32738			
D	O NOT WRITE	IN THIS SPA	CE	01142008 No Chg-P  4. FEI Number 59-3744243  5. Certificate of Status Desired	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
825 EAST	6. Name and Address of Current Re DN, MARGARET J LEHIGH DR , FL 32738	gistered Agent		DO NOT W	
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 fame of registered agent and hiter applicable.  (NOTE: Registered Agent signature required when reinstating)					
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		·	.00 May Be 02./19/	<u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D HOUGHTON, MARGARET J 825 EAST LEHIGH DR DELTONA, FL 32738	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				A free to
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SI	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY: ST-ZIP					
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.					