2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

Jan 09, 2008 08:00 AN **Secretary of State DOCUMENT # P01000107207** T. MICHAEL TUCKER, C.P.A., P.A. Principal Place of Business Mailing Address P O BOX 555 16700 S PEAR STREET BLOUNTSTOWN, FL 32424 BLOUNTSTOWN, FL 32424 01082008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 27-0000517 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUCKER, T MICHAEL DO NOT WRITE 16700 S PEAR STREET BLOUNTSTOWN, FL 32424 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. DATE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE TUCKER, T. MICHAEL NAME STREET ADDRESS 20233 SW SHEARY AVE CITY-ST-ZIP BLOUNTSTOWN, FL 32424 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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.

FILED