2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 30, 2008 08:00 AN Secretary of State

DOCUMENT # P02000019614 1. Enlily Name EVERETT DIRDEN, INC				Secretary of St		
Principal Place of Business		Address	.1			
724 S SAINT JOHNS ST ST AUGUSTINE, FL 32084		SAINT IOHNS ST GUSTINE, FL 32084		t		
				03272008	No Chg-P CF	2E034 (11/05)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 04-360227	78	Applied For Not Applicable
				5. Certificate of S	latus Desired	\$8.75 Additional Fee Required
6. Name and A	dress of Current Registered	Agent				
HALL, CHARLES E PHD 77 ALMERIA ST ST AUGUSTINE, FL 32085					OT WRI	
The above named entity submittee obligations of registered against the contract of the co		e of changing its register	ed office or register	ed agent, or both, in	the State of Florida.	am tamiliar with, and accept
SIGNATURE Signature Typed or printed	name of registered agent and title if applica	bie. (NOTE: Registere	d Agent signature required	when reinstating)	D	NE
FILE NOW!!! FEE After May 1, 2008 Fee	15 \$ 15U.UU	Election Campaign Finar Trust Fund Contribution	~ +	00 May Be ed to Fees		
10.	OFFICERS AND DIRECTORS	,				
TITLE PVST NAME DIRDEN, EVERI	=TT		l			
STREET ADDRESS 724 S SAINT JO					U00000093	5 4 5 5 5 4 7 5 5 4 7 5
CITY-ST-ZIP ST AUGUSTINE			ł		05/22/09-80	Ď97-023 150.00
TITLE			1			

--- A.W.

DO NOT WRITE 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 suppliemental 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS

CITY-ST-ZIP

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

NTED NAME OF SIGNING OFFICER OR DIRECTOR