## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2008 08:00 A Secretary of State **DOCUMENT # P02000055066** 1. Entity Name WILLIAM AKINS LATHING, INC Principal Place of Business Mailing Address 114 CORAL CT 114 CORAL CT PALATKA, FL 32177 PALATKA, FL 32177 No Chg-P 01082008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2041584 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent AKINS, PATSY DO NOT WRITE 114 CORAL CT PALATKA, FL 32177 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE AKINS, WILLIAM NAME STREET ADDRESS 114 CORAL CT. CITY-ST-ZIP PALATKA, FL 32177 TITLE NAME U000000807082 STREET ADDRESS 02/08/08-80068-010 150.00 CITY-S1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this fitting does not quality 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.

<b>SIGNATURE</b>
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STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #