

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 NOV -3 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09252008 Chg-P CR2E034 (12/06)

4. FEI Number
01-0732546

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, FREDERICK C
950 NORTH COLLIER BOULEVARD
201
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name
Morris, William G
Street Address (P.O. Box Number is Not Acceptable)
247 N. Collier Blvd Suite 202
City Marco Island FL Zip Code 34145

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/22/08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME P
STREET ADDRESS MILLER, WILLIAM B
CITY-ST-ZIP 686 TIGERTAIL COURT
MARCO ISLAND, FL 34145 ☐ Delete

TITLE
NAME T
STREET ADDRESS BEHRENS, NANCY G
CITY-ST-ZIP 1606 BELLEVIEW AVE SE
ROANOKE, VA 24014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME VP
STREET ADDRESS Cook, Catherine
CITY-ST-ZIP 30 Marco Lake Drive
Marco Island, FL 34145 ☐ Change ☒ Addition

TITLE
NAME TS
STREET ADDRESS Behrens, Nancy G
CITY-ST-ZIP 1606 Belleview Ave
Roanoke, VA 24014 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Nancy G Behrens

Nancy G. Behrens, Treas. 10/13/08 540.427.4699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #