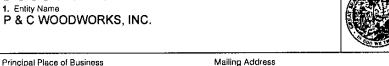
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2008 08:00 AM Secretary of State



Principal Place of Business

900 NORTH EAST AVENUE PANAMA CITY, FL 32401

900 NORTH EAST AVENUE PANAMA CITY, FL 32401



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 02-0647125 Not Applicable

5. Certificate of Status Desired

01142008

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

WHITTON, JEFFREY P 565 HARRISON AVENUE PANAMA CITY, FL 32401 DO NOT WRITE IN THIS SPACE

No Chg-P

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8. The above pamed 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.					
	Control of the Contro			** ** **	
SIGNATUR	Signature, typed or printed name of registered agent and little	d applicable V VNOTE: Registers	d Agent signature required when reinstating)	DATE	—
-	C NOW!!! FEE IS \$450.00	ncing \$5.00 May Be	· ·		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Trust Fund Contribution.		U00000804981	שר אר
10.	OFFICERS AND DIREC	CTORS			ايد ب، جات
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTON, JEFFREY P 565 HARRISON AVENUE PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SAPP, PAMELA D 3187 RECA RD VERNON, FL 32462				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, CARL W 3187 RECA RD VERNON, FL 32462?		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMIEUX, RICKY L 2206 E 6TH CT PANAMA CITY, FL 32401		N	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			The second secon		
12. I hereby certify that the information supplied with this filling 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.					