

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90198 042 ***150.00

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04242008 Chg-P CR2E034 (12/06)

4. FEI Number
30-0126394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLISTON, BARBARA
4099 DAISY DRIVE
HERNANDO BEACH, FL 34607

7. Name and Address of New Registered Agent

Name WILLISTON, LELAND H
Street Address (P.O. Box Number is Not Acceptable) 4099 DAISY DR.
City HERNANDO BEACH FL Zip Code 34607

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] LELAND H. WILLISTON 4-28-08
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME WILLISTON, BARBARA L ☒ Delete
STREET ADDRESS 4099 DAISY DRIVE
CITY-ST-ZIP HERNANDO BEACH, FL 34607

TITLE SD
NAME WILLISTON, BARBARA L ☒ Delete
STREET ADDRESS 4099 DAISY DRIVE
CITY-ST-ZIP HERNANDO BEACH, FL 34607

TITLE PD
NAME WILLISTON, LELAND H ☐ Delete
STREET ADDRESS 8309 COMMERCIAL WAY
CITY-ST-ZIP WEEKI WACHEE, FL 34613

TITLE TD
NAME WILLISTON, LELAND H ☐ Delete
STREET ADDRESS 8309 COMMERCIAL WAY
CITY-ST-ZIP WEEKI WACHEE, FL 34613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: [Signature] L. WILLISTON 4-28-08 352-596-3422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #