2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 02, 2008 08:00 AN Secretary of State

1. Entity Nam	MENT # P03000024	542 · · · · · ·		Secretary or S) L <i>a</i>
8500 BLAND	e of Business DING BVLD LE, FL 32244	Mailing Address 11661 SURFBIRD CIR JACKSONVILLE, FL 32256			
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D	O NOT WRITE	IN THIS SPA	CE	01042008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For	
			ंडमार सर्वाह	83-0350331 Not Applica	$\overline{}$
			8 4 1	5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Current Registered Agent				The State of the S	\dashv
BOND, MAUREEN 11661 SURFBIRD CIR JACKSONVILLE, FL 32256				DO NOT WRITE IN THIS SPACE	
8. The above the obligat	named entity submits this statement for t tions of registered agent.	he purpose of changing its register	ed office or register	ered agent, or both, in the State of Florida. I am familiar with, and acce	apt
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.		5.00 May Be Ided to Fees	
10.	OFFICERS AND D	IRECTORS	, , , ,	000000877729	\Box
NAME STREFT ADDRESS CITY-ST-ZIP	P BOND, MAUREEN 11660 SURFBIRD CIR JACKSONVILLE, FL 32256			04/14/08-80026-006 150.00	U
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
3711-Q1-ZIF	j	• •	■4.1	, mar war a mar a first to the	- 1

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 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 of changed, or on an attachment unity an address, with all other like empowered.

SIGNATURE:

FITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFIGER OR DIRECTOR

1/1/08 904505-3900