2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2008 8:00 am Secretary of State **DOCUMENT # P03000034857** 03-19-2008 90025 040 ***150 00 BERNARD F. DALEY, JR., P.A. Mailing Address Principal Place of Business 40049135 901 N GADSDEN ST 901 N GADSDEN ST TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 CR2E034 (11/05) No Cha-P 03072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 06-1716916 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DALEY, BERNARD F JR 901 N GADSDEN ST TALLAHASSEE, FL 32303 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OD TITLE DALEY, BERNARD F JR NAME 1447 MARION AVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAARE STREET ADDRESS CITY-ST-ZIP 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 be well be same legal effect as it 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 ap SIGNATURE:

Date

Daytime Phone #

FILED