
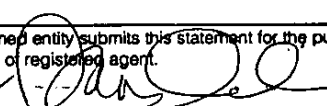
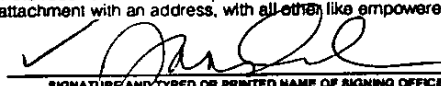


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90023 018 \*\*\*150.00

<b>DOCUMENT # P03000041721</b>					
1. Entity Name <b>TANA DARLEY, P.A.</b>					
Principal Place of Business <b>13595 NE 41ST TERRACE ANTHONY, FL 32617</b>			Mailing Address <b>13595 NE 41ST TERRACE ANTHONY, FL 32617</b>		
2. Principal Place of Business - No P.O. Box # <b>2452 NE 3RD STREET</b>			3. Mailing Address <b>P.O. BOX 434</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>OCALA, FL</b>		City & State <b>ANTHONY, FL</b>		4. FEI Number <b>13-4248941</b>	
Zip <b>34470</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DARLEY, TANA 13595 NE 41ST TERRACE ANTHONY, FL 32617</b>			7. Name and Address of New Registered Agent Name <b>DARLEY, TANA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2452 NE 3RD STREET</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34470</b>		
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  DATE <b>4-10-08</b> (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DARLEY, TANA 13595 NE 41ST TERRACE ANTHONY, FL 32617</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DARLEY, TANA P.O. BOX 434 ANTHONY, FL 32617-0434</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date <b>4/10/08</b> Daytime Phone # <b>352-817-0105</b>		