## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jul 30, 2008 8:00 am Secretary of State

07-30-2008 90029 021 \*\*\*150.00

## DOCUMENT # P03000083329



	lied For Applicable	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O7192008 Chg-P CR2E034 (12/06)  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  St. Certificate of Status Desired  Status Desired  St. Certificate of Status Desired  St. Name  Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, a statement of registered agent.  SIGNATURE  Signature, reversion of registered agent.  SIGNATURE  FILE NOWITI FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Intel  Added to Fees  Intel  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Intel  Intel  Change  Ch	lied For Applicable	
City & State  Country  S. Certificate of Status Desired  S8.75 Addi Fee Required  6. Name and Address of Current Registered Agent  Name  MONSRUD, MERYLN R 431 SW 37TH LANE  CAPE CORAL, FL 33914  City  City  City  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code	Applicable	
Country Zip Country Sip Country 5. Certificate of Status Desired \$8.75 Addit Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  MONSRUD, MERYLN R 431 SW 37TH LANE CAPE CORAL, FL 33914  City FL Zip Code  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, a the obligations of registered agent.  SIGNATURE Signature, reced or protected agent and stell applicable (th0"E Registered Agent signature required when rensating) DATE  FILE NOWITI FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Financing Trust Fund Contribution. Added to Fees Corporation did not receive the prior in Campaign Financing Added to Fees Corporation did not receive the prior in Campaign Financing SIREL ADDRESS CITY 51.78P  MAME MONSRUD, MERLYN 431 SW 37TH LANE CAPE CORAL, FL 33914  TILLE VP Delete NAME SIREL ADDRESS CAPE CORAL, FL 33914  Change Chang	Applicable	
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MONSRUD, MERYLN R 431 SW 37TH LANE CAPE CORAL, FL 33914  City  FL  Zip Code  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, a the obligations of registered agent.  SIGNATURE  Signature, invited or printed name of registered agent and sale if applicable  FILE NOWIIT FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees  Corporation did not receive the prior in the purpose of changing its registered Agent signature required when remasting)  DATE  FILE NOWIIT FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Corporation did not receive the prior in Intel MONSRUD, MERLYN  431 SW 37TH LANE CAPE CORAL, FL 33914  CITY SI - ZIP  Obelete  INTLE NAME REDDEN, CHARLES SIREET ADDRESS 2565 SW 28TH PLACE  STREET ADDRESS 2565 SW 28TH PLACE  STREET ADDRESS 2565 SW 28TH PLACE  STREET ADDRESS 2565 SW 28TH PLACE		
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The obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (tNO*E Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  Due by September 12, 2008  Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  45.00 May Be Added to Fees corporation did not receive the prior not		
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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 charged, or on an attachment with an address, with all other like empowered.

Merlyn Monared Merlyn Monsrud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-08