## FILED May 05, 2008 8:00 am Secretary of State

2008	<b>FOR</b>	<b>PROFIT</b>	CORPOR	<b>ATION</b>
	Α	NNUAL	REPORT	

STALHEBER, JOHN 151 11TH AVE VERO BEACH, FL 32962  SIGNATURE SIGNA						_	05.05.0000	0.00050.00	1 skakak 1.0	0.00
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STALHEBER, JOHN 151 11TH AVE VERO BEACH, FL 32962  6. 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 acc the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE Pegistered Agent signature required when remainting)   DATE		Country	32962	Coun	IN RIVER	5. Certificate	of Status Desired			
STALHEBER, JOHN 151 11TH AVE VERO BEACH, FL 32962  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  City		6. Name and Address of Current F	Registered Agent			7. Name and	Address of New	Registered Ag	jent	
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent.  Signature  Signature. Typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renatating)  P. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS  151 11TH AVE VERO BEACH, FL 32962  CITY-SI-ZIP  Change Add STREET ADDRESS  CITY-SI-ZIP  Change Add STREET ADDRESS  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP	STALHER	ER JOHN			Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted the obligations of registered agent.  SIGNATURE    Signature, typed or printed remine of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE    FILE NOW!!! FEE IS \$150.00   9. Efection Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   \$10.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.   \$10	151 11TH	AVE			Street Address (	P.O. Box Numbe	r is Not Acceptab	ile)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Fam familiar with, and accepted agent.    Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renatating)   DATE					City	<b></b>		FI	Zip Cod	e
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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 informatio 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 direct			41 1. Plan	·						