2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

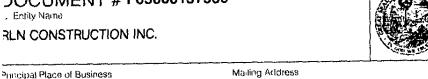
OCUMENT # P03000137559

3900 BRIARBROOK PL

LAND O LAKES FL 34639

Apr 21, 2008 08:00 Al Secretary of State

FILED



3900 BRIARBROOK PL

LAND O LAKES FL 34639

2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 51-0494719 Not Applicable \$8.75 Additional Country $Z_{i}p$ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name WILDS, CLYDE Street Address (P.O. Box Number is Not Acceptable) 3900 BRIARBROOK PL LAND O LAKES FL 34639 City 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, and accept the obligations of registered agent. SIGNATURE DATE INCIE Begistered Agen constant required when reinstating? Signature, typed or printed name of roundered apertured life. I surplicable FILE NOW!!! FEE:IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution | | | Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TIT: F D TITLE ☐ Change 🔲 Additic Derete MANUE WILDS, CLYDE NAME 000000909191 05/06/08-30061-005 150.00 STREET ADDRESS 3900 BRIARBROOK PL STREET ADORESS DITY - ST- ZIP LAND O LAKES FL 34639 CITY-ST-ZIP TITLE ☐ Change ☐ Daiete TITLE Adotti-NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Derete THE 🔲 Additi ☐ Change 1314F ELF SAE STREET ADDRESS STREET ADDRESS CITY-\$1-202 CITY - ST-28P 11115 ☐ Derete ☐ Change Addit DAMS STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 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 19 or Block. if changed, or on an attachough opowored.

THILE

MAME

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHY-SI-ZIP

SIGNATURE:

THE

HAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY ST-ZIP

CHY-SI-ZIP

OFFICER OR DIRECTOR

☐ Delete

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