2008 FÖR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

ANNUAL REPORT				Jan 25, 2008 08:00	
1. Entity Name	IENT # P04000020 NTING, INC.	51			Secretary of Sta
Principal Place of 96156 BLACKF YULLEE, FL 32	ROCK ROAD	Mailing Address 96156 BLACKROCK ROAD YULLEE, FL 32097			
DO	O NOT WRITE	IN THIS SPA	CE	01212008 4. FEI Numb 52-243	Not Applicable \$8.75 Additional
	6. Name and Address of Current Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·	J. Contineate	Fee Required
LORD, WILLIAM E JR 442 BLACKROCK ROAD YULLEE, FL 32097					NOT WRITE 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) DATE					
FILE After May	NOW!!! FEE IS \$150.00 / 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution			U00000796953 01/29/08-80053-023 150.0
NAME L STREET ADDRESS S	OFFICERS AND DI DPS LORD, WILLIAM E JR 96156 BLACKROCK RD, YULLEE, FL 32097	RECTORS .		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			· .	
TITLE	•	• • •	1 .	•	

12. Thereby 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 export 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 trusted 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 accurace, we call other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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904-2772454