2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 08:00 A Secretary of State

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DOCUMENT # P040000620 1. Entity Name ERIC M. BELISLE, P.A.	00			Se	ecretary of St
1429 COLONIAL BLVD 201	tailing Address 1429 COLONIAL BLVD 201 FORT MYERS, FL 33907 U	S		SII III SI II II II II	HI SOKO OYIO UUU OYIO OSHOON I ITSI
DO NOT WRITE IN THIS SPA		CE	01202008 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Regi	stered Agent				
BELISLE, ERIC M 1429 COLONIAL BLVD 201 FORT MYERS, FL 33907				NOT WR	•
The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title.		red office or regision		th, in the State of Florida	a. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		5.00 May Be dded to Fees	. (1)	$a_{\mathbf{v}} = \mathbf{v}_{\mathbf{v}}$
10. OFFICERS AND DIRE IIILE PVST NAME BELISLE, ERIC M STREET ADDRESS 1034 EDGEMERE DRIVE CITY-S1-ZIP FORT MYERS, FL 33907	CTORS		-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			01/24/08-80	2920 026-018 150.00
TITLE NAME STREET ADDRESS CITY-S1-ZIP				NOT WE	and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	IN 1	THIS SPA	ACE

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 abaddress, with all other like ethic wered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY: ST-ZIP

SUMMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #