FILED) AM te

2008 FOR PROFIT CORPORATION ANNUAL REPORT				Mar 13, 2008 08:00 Secretary of State		
1. Entity Nam	MENT # P040000333	19			200	outly of South
Principal Place of Business 2026 CROOKED LAKE ESTATES LANE EUSTIS, FL 32726 Mailing Address 2026 CROOKED LAKE ESTATE EUSTIS, FL 32726			S LANE	 		
D	O NOT WRITE	IN THIS SPA	CE			R2E034 (11/05)
_				06-171785 5. Certificate of Sta		Not Applicable
	6. Name and Address of Current Re	gistered Agent		<u> </u>	- - · · · · · · · · · · · · · · · · · ·	ree nequired
HARGIS, ELIZABETH J 2026 CROOKED LAKE ESTATES LANE EUSTIS, FL 32726				=	OT WRI	
the obligat	named entity submits this statement for thions of registered agent. Signature, typed in printed name of registered agent and E NOWILL FEE IS \$150.00 BY 1, 2008 Foe will be \$550.00	nile il applicable (NOTE: Registerei	d Agent signature require			Tam familiar with, and accept
10.	OFFICERS AND DI		I			
HAME STREET ADDRESS CITY-ST-ZIP TULE NAME STREET ADDRESS CITY-ST-ZIP	P HARGIS, ELIZABETH J 2026 CROOKED LAKE ESTATES EUSTIS, FL 32726			. 03	U00000856 1/28/08-800	459 13-002 150.00
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS					OT WRI	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CUTY-ST-ZIP TITLE NAME		.,				

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 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 it changed, or on an attachment with all other like/empowered.

SIGNATURE:

STREET ADDRESS CITY-SI-ZIP

OFFICER OR DIRECTOR

3 10 08 352-351-335