2008 FOR PROFIT CORPORATION

FILED Apr 28, 2008 08:00 AN ıte

	ANNUAL	REPORT		_	1-P	04-	CC4-
1. Entity Nam	MENT # P040000397 s limited, INC.	30			,	Secreta	ry of Sta
Principal Place of Business 1682 SE PORTILLO RD PORT ST. LUCIE, FL 34952		Mailing Address 1958 SE PT. ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952) (88)(88) (8)	LENN ALEN BENN BENN BENN BENN	AL BERBE (IZIE IBIA) IBBB	.
4 d 14 4			04042008 No Chg-P			CR2E034 (11/05)	
	O NOT WRITE	IN THIS SPA	SE	4. FEI Number 20-0828 5. Certificate of			Applied For Not Applicable 75 Additional Required
	6. Name and Address of Current Re BETTY M PORTILLO RD LUCIE, FL 34952	gistered Agent	igna ling page and a	37 4 10	NOT W HIS SF	` ' ' ' ₁ '	
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and		ed affice or register		n, in the State of Flo	orida. I am familia	ar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar	ncing _ \$5.	00 May Be		OATE	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DII O TAPPAN, BETTY M 1682 SE PORTILLA ROAD PORT ST. LUCIE, FL 34952	PECTORS			00000 05/20/08	0926872 -80083 _E 01	5,150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TAPPAN, LESTER L 1682 SE PORTILLA ROAD PORT ST. LUCIE, FL 34952						
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
NAME STREET ADDRESS CITY-ST-ZIP				INT	HIS SF	PACE	
NAME STREET ADDRESS CITY-ST-ZIP						The state of the s	
TITLE NAME 'STREET ADDRESS CITY-ST-ZIP							

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PROPERTY OF SIGNING OFFICER OR DIRECTOR

772-418-0957

Daylime Phone #