2008 FOR PROFIT CORPORATION

Apr 08, 2008 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P04000063465 04-08-2008 90017 024 ***150.00 TONY WITHERS INC Principal Place of Business Mailing Address 7332 SHINDLER DRIVE 7332 SHINDLER DRIVE JACKSONVILLE FL 32222 JACKSONVILLE FL 32222 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 22-3900540 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WITHERS, TONY Street Address (P.O. Box Number is Not Acceptable) 7332 SHINDLER DRIVE LOT 4 JACKSONVILLE FL 32222 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, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent eignature required when reinstating) FILE-NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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. PRES TILE ☐ Change Addition Delete TITLE WITHERS, TONY NAME NAME STREET ADDRESS 7332 SHINDLER DRIVE LOT 4 STREET ADDRESS JACKSONVILLE FL 32222 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ☐ Addition CERRONE, ADAM STREET ADDRESS 7332 SHINDLER DRIVE LOT 4 STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32222 CITY-ST-7IP TITLE **SEC** ☐ Delete TITLE Change ☐ Addition MAME WITHERS, TONY NAME STREET ADDRESS STREET ADDRESS 7332 SHINDLER DRIVE LOT 4 CITY-ST-2IP JACKSONVILLE FL 32222 CITY-ST-7IP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete Addition Charage NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME

12. Thereby 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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SI ICER OR DIRECTOR 3-18.08

FILED