## 200 OR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2008 08:00 AN Secretary of State **DOCUMENT # P04000082326** JOHN J. SADLER, E.A., P.A. Mailing Address Principal Place of Business 2294 E. MARCIA STREET 2294 E. MARCIA STREET INVERNESS, FL 34453 INVERNESS, FL 34453 04062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 33-1093036 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SADLER, JOHN J DO NOT WRITE 2294 E. MARCIA STREET INVERNESS, FL 34453 IN 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DPT TIT! F SADLER, JOHN J NAME STREET ADDRESS 2294 E. MARCIA STREET INVERNESS, FL 34453 U000000917745 CITY-ST-ZIP 05/13/08-80054-011 150.00 DVS TITLE SADLER, DADE E NAME STREET ADDRESS 2294 E. MARCIA STREET CITY-ST-ZIP INVERNESS, FL 34453 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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 eath; 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.

NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP

John J. Ladler, John J. Sadler 4/20108 (352) 726-4619