## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # P04000088846**



**FILED** Apr 14, 2008 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Country Statement To the purpose of Current Registered Agent 7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code Cit	
404 SPRAY LN PORT CHARLOTTE, FL 33954  2. Principal Place of Business - No P.O. Box # 3. Mailting Address  Suite, Apt. #, etc.	pplicable nal
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  S. Contificate of Status Desired  \$8.75 Additional Status Desired  \$8.75 Additional Status Desired  \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired Agent   \$8.75	pplicable nal
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6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  STAFFORD, KEITH A  404 SPRAY LN PORT CHARLOTTE, FL 33954  City FL 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, an the obligations of registered agent.  SIGNATURE Signature, typed or proted name of registered/agent and titls 4 applicable.  POTE: Registered Agent agreature required when remaising) DATE  FILE NOWITI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS GITY-ST-29  GITY-ST-29  FORT CHARLOTTE, FL 33954	
STAFFORD, KEITH A 404 SPRAY LN PORT CHARLOTTE, FL 33954  City  City  FL  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, an the obligations of registered agent.  SIGNATURE  Sgrakus, hypod or preted name of registered and tills if applicable.  (NOTE: Registered Agent agreed when remaining)  DATE  FILE NOWITH FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS to THE NAME  STRET ADDRESS  GITY-ST-2P  CITY-ST-2P  STRET ADDRESS  GITY-ST-2P  STRET ADDRESS  GITY-ST-2P	d accept
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typed or prived name of registered agent and title if explicable. (NOTE: Registered Agent signature required when renationg)  PATE  FILE NOWITI FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT HAME STREET ADDRESS CITY-ST-2PP  Change  CITY-ST-2PP  CTY-ST-2PP  TOTAL TO	d accept
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TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	

inunciaso on one 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.

4-10-08 941-626-1518