2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 08:00 AN Secretary of State

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1. Entity Nam	MENT # P040001016 ND ACCOUNTING & TAX SER		. *	ì	Secretary	y of Sta	
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	O NOT WRITE	CE	03142008 4. FEI Numbe		-	Applied For	
in the second		The state of the s	P. P. C. St. T.	06-1728 5. Certificate	3286 of Status Desired	\$8.75 A	
	6. Name and Address of Current Reg	listered Agent		29/ J.		* H2	ί
HAMMOND, JOYCE E 2094 HANBY STREET					NOT W		iv
PORT CH	ARLOTTE, FL 33952			IN ₃ 7	'HIS SF	PACE	
	a named entity submits this statement for th tions of registered agent.	e purpose of changing its register	ed office or register	red agent, or bot	n, in the State of Fl	orida. I am familiar wi	th, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and to	tte if applicable (NOTE Registers	id Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.				.00 May Be			
10.	OFFICERS AND DIF	ECTORS	The Education	եպ-բ _{ուն} , ա. «-բ	d wer the	Mary to the state of the state	الأدم وال قطيب
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HAMMOND, JOYCE E	in the second se			1000 04/02/0)00859426.)8-80022-004	150.00
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NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS		1200-1-140	Warn San San San San San San San San San Sa				

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 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:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 0 Daytime Phone #

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