

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 OCT 24 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09212008 Chg-P CR2E034 (12/06)

4. FEI Number 80-0118845 Applied For Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERSIC, DAMIR
3899 MANNIX DR
418
NAPLES, FL 34114

7. Name and Address of New Registered Agent

None
PERSIC MARIA
Street Address (P.O. Box Number is Not Acceptable)
3899 Mannix Drive #418
City **Naples** FL Zip Code **34114**

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 the registered agent.

SIGNATURE *Maria Persic*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Oct. 20/08

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTS ☐ Delete
NAME PERSIC, DAMIR
STREET ADDRESS 505 COURTSIDE DRIVE
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Add
NAME PERSIC MARIA
STREET ADDRESS 505 COURTSIDE DRIVE
CITY-ST-ZIP NAPLES, FL 34105

TITLE PT ☒ Change ☐ Add
NAME PERSIC, DAMIR
STREET ADDRESS 505 COURTSIDE DRIVE
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☐ Change ☐ Add
NAME 000137212870
STREET ADDRESS 10/23/08--01031--007 **\$61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *[Signature]*