2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Mar 31, 2008 08:00 A DOCUMENT # P04000107699 🙇 Secretary of State RAY A. CHEATWOOD, INC. Principal Place of Business Mailing Address 710 HIGH VISTA DR 710 HIGH VISTA DR DAVENPORT, FL 33837 DAVENPORT, FL 33837 03272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1373221 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHEATWOOD, RAY A DO NOT WRITE 710 HIGH VISTA DR DAVENPORT, FL 33837 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. Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U000008754**6**2 04/11/08-80033-021 158.75 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 10. OFFICERS AND DIRECTORS n TIFLE CHEATWOOD, RAY A NAME 710 HIGH VISTA DR STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL 33837 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-08

863-604-0597