2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

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217		and Address of Current F	Pagistered Agent	<u> </u>		7 Nome one	t Address of New D		Required	<u>'</u>
	5. Name	and Address of Current	registered Agent	Na	ıme	7. Name and	Address of New R	egistered Ager		
CHRONAE	BERY, ED	WARD		<u> </u>						
1378-SOUTH-CANDLENUT-AVE					Street Address (P.O. Box Number is Not Acceptable)					
HOMOSASSA, FL. 34448					20/10 5 5 -1 2 11 1					
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				Cit	V Elm	DOSAS	FORMES	'FL	Zio Code	40
8. The above	named entit	y submits this statement for	the purpose of changing its	registered of	ice or register	red agent, or bo	oth, in the State of Flo	rida. I am fami	liar with, a	and accept
	tions of regis				- -					
0.0										
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title it applicable (NOT	E: Registered Agen	t signature required	when reinstating)		DATE		
				 -	_		1			
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After M	ay 1, 200	8 Fee will be \$550.0	Trust Fund Con	tribution.	L.J Add	led to Fees				ļ
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