## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

ANNOAL REPORT						
1. Entity Nam	MENT # P040001251 N A. COOL, P.A.	57			Secretary of	Sta
Principal Place 809 US 27 S SEBRING, FL		Mailing Address 1120 LAKE LOTELA DR. AVON PARK, FL 33825		) 		<b>II</b> ł
Ē	O NOT WRITE	IN THIS SPA	CE	04232008 4. FEI Numb 20-160		For licable
6. Name and Address of Current Registered Agent  COOL, MAUREEN M 1120 LAKE LOTELA DR. AVON PARK, FL 33825				IN T	NOT WRITE THIS SPACE	
the obligat	named entity submits this statement for thions of registered agent.  Signature, typed or printed name of registered agent and	title if applicable. (NOTE Registers  9. Election Campaign Fina	ad Agent signature required	when reinstating)	oth, in the State of Florida. I am familiar with, and a	
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.			☐ Add	ed to Fees		
10.  IIILE  NAME  STREEI ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	OFFICERS AND DI DPST COOL, MAUREEN M 1120 LAKE LOTELA DR. AVON PARK, FL 33825	RECTORS			05/21/08-80037-010 150.	00
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	DDRESS			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						

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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

863385-007 Daysine Phone #