2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 05, 2008 8:00 am Secretary of State

386 937-2273

1. Entity Name	MENT # P040001306	63			05-05-2008 90)246 046 *	***150.00
Principal Place	e of Business	Mailing Address	<u> </u>	40096	879		
		108 E OAKHILL DR		40000			
PALATKA, FL 32177 PALATKA, FL 32177		PALATKA, FL 321//					
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			de la companya de la	04472000	No Chg-P	CR2E034	(11/05)
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U	OHOLINALVIE	III I LIIO OLW		4. FEI Number 20-1715			Applied For Not Applicable
	and the same of th		* * * *				3.75 Additional
	R man	28 8 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	jaki.	5. Certificate o	of Status Desired	Fee	Required
	6. Name and Address of Current Re	gistered Agent	and Continues of Land		ورون دارده می مون طفیات درون	الهموا الوالين المنطة	-
COLLEY, S	SEAN C			DO.	NOT M	DITC	Bit Care
124 QUAIL LANE			3	" no	NOT W	KIIE	
PALATKA,	, FL 32177			IN T	HIS SP	ACE	
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0 The share				<u> </u>		<u> </u>	3 4 A 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	named entity submits this statement for the filter of registered agent.	ne purpose of changing its register	ea office or registe	red agent, or bott	i, in the State of Fig	ida. Tam tari	mar with, and accept
SIGNATURE_							
JIGINATURE_	Signature, typed or printed name of registered agent and	litle if applicable. (NOTE: Registere	d Agent signature require	d when reinstating)		DATE	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00			5.00 May Be ded to Fees			
10.	OFFICERS AND DI	RECTORS	-	á .			
TITLE NAME	COLLEY, SEAN C				* 	· jana	grant and an analysis of the state of the st
STREET ADDRESS	124 QUAIL LANE		表 5 情報。 李斯林 1 4 4 5 2			- 10 mg - 10 m	
CITY+ST-ZIP	PALATKA, FL 32177				*		
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name Street address	DUCK, CHARLES A 108 E OAKHILL DR				F 6	- (+	
CITY-ST-ZIP	PALATKA, FL 32177						
TITLE		——————————————————————————————————————		E 2 gs			
NAME	-		200	Control Control	المناز الماسة المارية	والرستين الإنجاد	William Bridge
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	a de la companya de l
TITLE		· <u> </u>			3.95	0.103	
NAME				T. IIN I	THIS SF	ACE	• •
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CITY-ST-ZIP				505 B			
TITLE NAME						ž n.	
STREET ADDRESS						· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP				garajeta	29 4 7 7 7	9 8 9 1 3 3	
TITLE					Page 1		
NAME STREET ADDRESS				13			
CITY-ST-ZIP			政治學		新。从"所"	The state of the s	
12. I hereby of indicated of the cor changed.	certify that the information supplied with the lon this report or supplemental report is to reporation or the receiver or trustee empower, or on an attachment with an address, with the contraction of the	his filing does not qualify for the ex- ue and accurate and that my signal ered to execute this report as requi- h all other like empowered.	emptions containe sture shall have the ired by Chapter 60	ed in Chapter 119 same legal effect 17, Florida Statutes	Florida Statutes. It as if made under on that my name	further certify ath; that I am appears in B	that the information an officer or director flock 10 or Block 11 if