

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000144920</b>		
1. Entity Name JON BINNING CORPORATION		

Principal Place of Business 4243 OAK BLUFF AVE HOLIDAY, FL 34691 US	Mailing Address PO BOX 1587 ELFERS, FL 34680 US
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DO NOT WRITE IN THIS SPACE

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1235129	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BINNING, JON W 4243 OAK BLUFF AVE HOLIDAY, FL 34691
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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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BINNING, JON 4243 OAK BLUFF AVE HOLIDAY, FL 34691
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07/22/08-80006-012 150.00

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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: 	7-18-08	727-848-8084
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>