## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 06, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Secretary of St		
DOCUMENT # P04000163042  1. Entity Name					Seci	etary or Si
	DINGS INC.					
Principal Place o	of Business	Mailing Address		,		
		723 EAGLE POINT DRIVE Venice, FL 34285				
•			01052008	No Chg-P CR2E	(034 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe	r	Applied For Not Applicable
			•	20-1951 5. Certificate of	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Ro	egistered Agent				
HART, ROGI			DΩ	NOT WRIT	F	
723 EAGLE POINT DRIVE VENICE, FL 34285				•		
				IN I	THIS SPACE	<b>E</b> :
8. The above na	amed entity submits this statement for t	ne purpose of changing its register	ed office or register	red agent, or both	h, in the State of Florida. I ar	n familiar with, and accept
	ns of registered agent.		•	-		
SIGNATURE	gnature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	ed Ageni signature required	when reinstating)	DATE	
					U00000817	
	NOW!!! FEE IS \$150.00 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		.00 May Be led to Fees	02/14/08-800	86-021 150.00 
10.	OFFICERS AND D	RECTORS	-			
IIILE P	HART, ROGER W		:	,		•
l l	723 EAGLE POINT DRIVE		:		. ,	
<del></del>	/ENICE, FL 34285 /P		┨.		•	
1	HART, BECKY J			•		,
I I	723 EAGLE POINT DRIVE /ENICE, FL 34285			• •		1.4
TITLE T			-			an en
NAME H	HART, BRIAN C					
l l	'23 EAGLE POINT DRIVE /ENICE, FL 34285			DO	<b>NOT WRIT</b>	E
TITLE			IN THIS SPACE			
NAME				1174 1	IIIIO OFAC	_
STREET ADDRESS CITY-ST-ZIP						7 . 11 g
TITLE			1			
NAME					. h.: <u>4.1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1</u>	<b>3</b>
STREET ADDRESS CITY-ST-ZIP			1300			
TITLE	· · · · · · · · · · · · · · · · · · ·		1			

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRUITED NAME OF SIGNING OFFICER OR DIRECTOR

J. HART

2-2-08

Daytime Phone #