2008 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Apr 04, 2008 08:00 A Secretary of State			
1. Entity Nam	MENT # P040001711		Secretary of State					
Principal Plac 2105 BROWI JAY, FL 325	NSDALE LOOP ROAD	Mailing Address 2105 BROWNSDALE LOOP R JAY, FL 32565	OAD		1 8811/ 81811 88111 88111 88111 8811	11 JIJ) 1 <b>3 DI</b> 11 <b>5</b> DI 15		
DO NOT WRITE IN THIS SPA				03102008 No Chg-P CR2E034 (11/05)				
L.		IN 1115 5PA		<ol> <li>FEI Numb 20-218</li> <li>Certificate</li> </ol>			Applied For Not Applicable 75 Additional Required	
	6. Name and Address of Current Re E, BILLY OLINE DR. , FL 32180	gistered Agent		•	NOT W THIS SF			
the obligat SIGNATURE_ . FIL	named entity submits this statement for this ions of registered agent. Signature, typed or printed name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Inte il applicable (NOTE Regeli 9. Election Campaign Fin	ered Agent Eignature required			DATE		
10. IITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF P/D BAULDREE, BILLY 1641 CAROLINE DRIVE PIERSON, FL 32180 S/D	IECTORS				-c		
NAME STREET ADDRESS CITY-ST-ZIP	DOBSON, JOYCE M 3211 RUSSELL WADE ROAD JAY, FL 32565 T/D		:					
NAME STREET ADDRESS STTY-ST-ZIP	ROWELL, MINNIE P 2000 BROWNSDALE LOOP ROAD JAY, FL 32565			••	NOT W	· · ·		
ITLE IAME STREET ADDRESS CITY - ST - ZIP					THIS SF	ACE	en e	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		·.		i stra 1. stra stra vy the second strate				
TTLE RAME								
of the col changed	certify that the information supplied with th I on this report or supplemental report is tr rporation of the receiver or trustee empower, or on an attachment with an address, with	is filing does not qualify for the c us and accurate and that my signared to execute this report as reconsult of the empowered.	exemptions contained nature shall have the quired by Chapter 607	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statutes 1 ct as if made under es; and that my nam $X3 \cdot 3/-r$	e appears in Bl	hat the information an officer or director ock 10 or Block 11 if	
SIGNAT		TED NAME OF SIGNING OFFICER OR DIRI	ECTOR		<u>/ 、                                   </u>		e Phone #	