## **2008 FOR PROFIT CORPORATION**

## **FILED** Apr 03, 2008 08:00 Al Secretary of State

CR2E034 (11/05)

| ANNUAL REPORT  |    |  |    |  |  |  |  |
|--|----|--|----|--|--|--|--|
| DOCUMENT #  1. Entity Name K. E. D. GONZALEZ                               |    |  |    |  |  |  |  |
| Principal Place of Business<br>1810 LOMBARDY DRIVE<br>CLEARWATER, FL 33755 | US | Mailing Address 1810 LOMBARDY DRIVE CLEARWATER, FL 33755 | US |  |  |  |  |

No Chg-P 03312008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2173474 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent

GONZALEZ, JUSTINO 1810 LOMBARDY DRIVE CLEARWATER, FL 33755

SIGNATURE: \_

## DO NOT WRITE IN THIS SPACE

04/01/08

Daytime Phone #

| 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 little if    | applicable. (NOTE: Regist                                      | lered Agent signature | required when reinstating)     | DATE  |  |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00           | 9. Election Campaign Fir<br>Trust Fund Contribution            |                       | \$5.00 May Be<br>Added to Fees |   |  |  |
| 10.   | OFFICERS AND DIREC  | TORS   |                       | ····                           |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>GONZALEZ, JUSTINO<br>1810 LOMBARDY DRIVE<br>CLEARWATER, FL 33755 |  |                       | ,                              | U00000879888<br>04/15/08-80013-019 150.00   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                       |                                |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                       | DO                             | NOT WRITE   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                       | IN <sup>-</sup>                | THIS SPACE  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | ,                     |                                |   |  |  |
| TITLE NAME STREET ADDRESS   |   |  | 1                     | , 5 w                          |   |  |  |
| , indicated of the co   | d on this report or supplemental report is true :                     | and accurate and that my sig<br>d to execute this report as re | anature shall ha      | ve the same legal effe         | Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if |  |  |

NAME OF SIGNING OFFICER OR DIRECTOR