2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

Principal Place of Duaness - No PO. Do. v 3. Mailing Address 16913 SURRES WSTA DRIVE LCRRWNT, P. 34714 LCRRWNT, P. 347	DOCUMENT # P05000033458 1. Entity Name WILLIAM D. DOWNS, P.A.					į	04-28-2008	90337 038 ***15	0.00	
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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 hamiliar with and accept the obligations of registered agent. SIGNATURE Signature					Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits the 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	CLERMONT, FL 34714									
B. The above named entity submits the 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				ŀ	City			Zip Coo	ie	
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### State Now the service of the ser	Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE									
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		cartily that the information expelied with	h this filing does not qualify f			ned in Chapter 110	Florida Statutos	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:

SIGNATURE AND TYPES OF FINITED PAIRS OF SIGNING OFFICER OR DIRECTOR

4/25/2008

35-2-63-6-9089 Davime Phone *