

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

08 SEP 22 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09062008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2513149	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAYNARD, TERRY L JR
220 EAGLE POINT LOOP
AUBURNDALE, FL 33823

Maynard, Terry L Jr
984 Whisper Lake Dr.
Winter Haven, FL 33880

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAYNARD, TERRY L JR
STREET ADDRESS	220 EAGLE POINT LOOP
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	P
NAME	Maynard, Terry L Jr.
STREET ADDRESS	984 Whisper Lake Dr.
CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100136270791
09/23/08--01049--008 **158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terry L. Maynard Jr. 9-18-08 (863) 651-4150

KS