2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 15, 2008 8:00 am Secretary of State DOCUMENT # P05000064516 1. Entity Name 04-15-2008 90016 048 ***150.00 DARLA R. LLOYD, P.A. Principal Place of Business Mailing Address 6081 SILVER KING BLVD 6081 SILVER KING BLVD 706 CAPE CORAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 20-2855569 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LLOYD, DARLA R -5917-TARPON GARDENS CIRCLE #102 608/ CAPE CORAL FL 33914 S.W. Kurg Blod: 706 Street Address (P.O. Box Number is Not Acceptable) Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed same of registered agent and bits. I supplicable. fNGTE. Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE ☐ Delete TITLE Change Addition LLOYD, DARLA R MAME MALIF 6081 SILVER KING BLVD. #706 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPÉ CORAL FL 33914 CITY-ST-ZIP ☐ Derete Change TIFLE TITLE Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition HARAC M-240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THE ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.