2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM Secretary of State

1. Entity Nam	MENT # P0500009470 Bitions & co., Inc.)5			Se	cretary of Sta
Principal Plac	e of Business	Mailing Address				
4003 AUDUE Largo, FL 3		4003 AUDUBON DRIVE LARGO, FL 33771				
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_	O MOT MOTERIA	ALITELLIO CIDA	OF.	04012008	No Chg-P	CR2E034 (11/05)
L	O NOT WRITE I	N-1HI3 SPA	VE	4. FEI Number 61-14902	51	Applied For Not Applicable
James Constitution			M. Minde	5. Certificate of	Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regi		The state of the s		i i	
LALAOUNIS, LISA L 4003 AUDUBON DRIVE LARGO, FL 33771			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the ions of registered agent.				in the State of Florida	a. I am familiar with, and accept
	Signature, typed or printed name of registered agent and litt	dirapplicable (NOTE Registr	ered Agent signature require	C witer (Bustating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin Trust Fund Contributio		.00 May Be ded to Fees	U000U U5/21/UR	0928061 -80014-014-150-00
10.	OFFICERS AND DIRE	CTORS				.,
TITLE NAME	D LALAOUNIS, LISA L					· ·
STREET ADDRESS	4003 AUDUBON DRIVE					
CITY-ST-ZIP	LARGO, FL 33771		_ Properties	gradina di Salaharan di Kabupatèn Balandaran di Kabupatèn Balandaran di Kabupatèn Balandaran di Kabupatèn Bala Kabupatèn Balandaran di Kabupatèn Balandaran di Kabupatèn Balandaran di Kabupatèn Balandaran di Kabupatèn Bala		
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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.

STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUY-SI-ZIP ·

Daytime Phone #