## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 08:00 AN Secretary of State

See 3325579 Not Applied Section of Satus Desired Section See Required Fee Required	1. Entity Nan	MENT # P050001037 ALHOUN, P.A.		Secretary of Sta			
DO NOT WRITE IN THIS SPACE    A FEI Number   Sp. 3325579   No. Applied   Sp. 332579   No. Applied   Sp. 3325579   No. Applied   No. Applied   Sp. 3325579   No. Applied   No. Applied   No. Applied	•		<u>-</u>	1	-		
DO NOT WRITE IN THIS SPACE  4. FEI Number							
Se. Name and Address of Current Registered Agent    Se. Name and Address of Current Registered Agent		NOT WRITE	IN THIS SDA	CE .			
SIGNATURE  PILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  OFFICERS AND DIRECTOR	L	O NOI WRITE	IN THIS SPA				Applied For Not Applicable
JONES, CARY M 2638-3 SR 21 MELROSE, FL 32666  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 active or the obligations of registered agent.  SIGNATURE    FILE NOWILL FEE IS \$150.00					5. Certificate of Status De		
JONES, GARY M 2638-3 SR 21 MELROSE, FL 32666  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 accidence of the obligations of registered agent.  SIGNATURE    FILE NOWILL FEE IS \$150.00		6. Name and Address of Current Re	gistered Agent	am 1 ar k 7 grav.	The latter state of and a late of the state		The state of the s
MELROSE, FL 32666  IN THIS SPACE  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE    FILE NOWIII   FEE IS \$150.00   Pericers And DIRECTORS   Page   Period				1.0	DO NOT	WRITE	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE    FILE NOWILL FEE IS \$150.00					IN THIS	SPACE	
THE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-SI-2P  TITLE NAME STREET A					*		# 1.8 # 1.8
TILE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME S			ne purpose of changing its register	ed office or register	red agent, or both, in the State	te of Florida. I am familia	ar with, and accept
FILE NOWIJI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TITLE NAME CALHOUN, MARIFRANCES H 8231 SHADY GROVE COURT TITLE NAME STREET ADDRESS CITY-ST-2P	SIGNATURE.		AND TO Describe				
TITLE MAME STREET ADDRESS TOTILE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS TREET ADDRESS	FIL After M	E NOWIII FEE IS \$150.00	9. Election Campaign Finar	ncing \$5.	.00 May Be		
NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P			RECTORS		3.1 3.4 1.2	**************************************	15 4
NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP	NAME STREET ADDRESS	CALHOUN, MARIFRANCES H 8231 SHADY GROVE COURT					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS				05/21	~======:	5 158.75 "
STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP			•		e ar mo apot apopulos a sul apopularina.	. and the second contract of	elimberelina a d
STREET ADDRESS CITY-ST-7IP  TITLE NAME STREET ADDRESS CITY-ST-7IP  TITLE NAME STREET ADDRESS					DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS				IN THIS	SPACE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					a ar	and a second	
NAME STREET ADDRESS	STREET ADDRESS			4			
CITY-SI-ZIP	NAME STREET ADDRESS	\.		to the state of th			

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: Marifrances 71. Calloun Marifrances H. Calhoun 904-446-4019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylore Proces