

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 APR 10 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02142008 Chg-P CR2E034 (12/06)

4. FEI Number
20-3445701

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 S ORANGE AVE SUITE 1000(DTO)
ORLANDO, FL 32801-5403

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME SCHAFFER, JOHN ☐ Delete
STREET ADDRESS 100 COLONIAL CTR PKWY STE 470
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE P
NAME OGIER, GERALD D ☐ Delete
STREET ADDRESS 100 COLONIAL CTR PKWY STE 470
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE VP
NAME OGIER, MAEK C ☐ Delete
STREET ADDRESS 100 COLONIAL CTR PKWY STE 470
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE VP
NAME OGIER, STEVEN D ☐ Delete
STREET ADDRESS 100 COLONIAL CTR PKWY STE 470
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 400123491514
STREET ADDRESS 04/15/08--01003--010 **302.50
CITY-ST-ZIP

TITLE
NAME OGIER, Gerald D ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME OGIER, mark C ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME OGIER, steven D ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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] 2/22/08 407-333-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #