

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/ **FILED**
Apr 29, 2008 8:00 am
Secretary of State

01-30-2008 90041 018 ***158.75

66008667



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0747968	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

SHOLL, LINDA
3048 ELLICE WAY
NAPLES, FL 34119

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

**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	D
NAME	SHOLL, GLEN
STREET ADDRESS	3048 ELLICE WAY
CITY- ST- ZIP	NAPLES, FL 34119
TITLE	D
NAME	SHOLL, LINDA
STREET ADDRESS	3048 ELLICE WAY
CITY- ST- ZIP	NAPLES, FL 34119
TITLE	D
NAME	TARPLEY, STEVE
STREET ADDRESS	3048 ELLICE WAY
CITY- ST- ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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: *Shawn Dineen* 4-23-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #