2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 08:00 AF
Secretary of State

ANNUAL REPURI				May 0/, 2008 08:00		
1. Entity Nam	MENT # P050001385	508			Se	cretary of Sta
603 SW 10 S #105 OCALA, FL 3	ce of Business ST 34474 US OO NOT WRITE	Mailing Address 603 SW 10 ST #105 OCALA, FL 34474 US		01182008 4. FEI Numbe 20-361	No Chg-P er 6856	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
3050 SE 1	6. Name and Address of Current Ro NICHOLAS 88 TERR ON, FL 32668	gistered Agent			NOT WR	
the obligat	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and the tions of the	tate d applicable. (NOTE: Registere 9. Election Campaign Finar	id Agent signature required		h, in the State of Florida	a. I am familiar with, and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUONGO, NICHOLAS 3050 SE 188 TERR MORRISTON, FL 32668	RECTORS			U0000094 06./03/08-80	9083 015-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WR	
TITLE NAME STREET ADDRESS			ar dana		and the same of th	en de la companya de La companya de la co

12. Thereby certify that the information supplied with this filling 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 occurate 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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