2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 09, 2008 08:00 AM Secretary of State

	ANNUAL	REPORT		_	(Secretar	w.af Si
DOCU	MENT # P060000406			.	seci etai	y or St	
	S. HURST, P.A.						
1	ce of Business	Mailing Address					
621 S FLET FERNANDIN	A BEACH, FL 32034	621 S FLETCHER AVE FERNANDINA BEACH, FL 3203	34	t italian e	i pullā divi pulis dals aver	ı Belili Bibli G alis Fini beli	i dilita (1 sab)
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		IN THE COA		08022008	Na Chg-P	CR2E034 (11/0	5)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb			Applied For Not Applicable
			· · · · · · · · · · · · · · · · · · ·		of Status Desired	□ \$8.75 / Fee Requ	Additional
CALZIER	6. Name and Address of Current Re	gistered Agent					·
GALZIER & GLAZIER, P.A. 8825 PERIMETER PARK BOULEVARD SUITE 504					NOT W		
	IVILLE, FL 32216			IN T	THIS SP	ACE	•
8. The above	a named entity submits this statement for ti tions of registered agent.	e purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flo	rida. I am familiar wi	ith, and accept
SIGNATURE	Signature, typed or printed review of registered agent and	the Hanninghia MATE Destroy	d Agent signalure require	d who a wise half and		DATE	
. 51	LE NOWIII FEE IS \$150.00	9. Election Campaign Finar		.00 May Be	in appardance w		h) E.C. the
Due by September 12, 2008 Trust Fund Contribution.				.00 May Be led to Fees in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. TITLE	PSD OFFICERS AND DI	RECTORS			,		
NAME STREET ADDRESS	HURST, SYLVIA S 621 S FLETCHER AVE		:		Ronnos	1952939	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	<u> </u>	<u>.</u>		06/09/08-	1952939 80003-010	150.00
TITLÉ NAME						·.	•
STREET AODRESS City-St-Zip			· ·				•
TITLE		-					
NAME STREET ADORESS				D0	NOT W	DITE	
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TITLE NAME				IN	THIS SP	PACE	
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CITY-ST-ZIP]				
TITLE							
STREET ADDRESS							
CITY-ST-ZIP			•			and the second second	

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 charged, or on an attactryfem with an address, with all other like empowered.

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF STEMING OFFICER OF THRECTOR

6/5/08 (904)261-55-15