## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2008 08:00 A Secretary of State

	ANNUAL	REPORT				10, 2000	
DOCUMENT # P06000067751					S	ecretary of	f Sta
	Y GOTHARD PA						
	ce of Business	Mailing Address					
4004 BRUS Naples, Fl		4004 BRUSH LANE NAPLES, FL 34112					
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FOSTH AC	6. Name and Address of Current Reg	Jistered Agent					
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NAPLES, FL 34102					THIS SP	ACE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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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:	Signature, typed or printed name of registered agent and t	rila d'annincable (NOTE: Registere	rd Agent signature	required when reinstating	11	DATE	<del></del>
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10.	OFFICERS AND DIR	ECTORS		At 34 (1841)		assum str	web.
TITLE NAME	P GOTHARD, SHELLEY L						
STREET ADDRESS	4004 BRUSH LANE						為漢
CITY-ST-ZIP TITLE	NAPLES, FL 34112					2223	
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CITY-ST-ZIP							
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NAME STREET ADDRESS							

12. I hereby certify that the information expelled 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 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 expowered 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 aderiess, with all other the employable.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. O / O O
Daytime Phone #