2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2008 08:00 Al Secretary of State

| DOCUMENT # P06000092723 1. Entity Name JANET C. ASKLUND, P.A. | | | Secretary of Sta | | | |
|--|--|--|-----------------------|----------------------------------|---------------------|---|
| Principal Place 18 EHRLING PALM COAST | LANE | Mailing Address 18 EHRLING LANE PALM COAST, FL 32164 | S | | | |
| D | OO NOT WRITE 6. Name and Address of Current Ro | | CE | 1 1881188 10 8814 | No Chg-P | CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required |
| LAIBLE, JULIE EA 121 DUNDEE RD DAYTONA BEACH, FL 32118 8. The above named entity submits this statement for the purpose of changing its registered to the purpose of changing its registered. | | | ed office or register | IN T | IOT WR | CE |
| the obligations of registered agent StGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent argument argument when rematating) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | | .00 May Be led to Fees | | |
| 10. | OFFICERS AND D | RECTORS | | , i de la contraction | | Sala a sala a sala |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ASKLUND, JANET C 18 ERHLING LANE PALM COAST, FL 32164 | | | | 000000 04/14/08- | 877641 80022 , 018 150.00 |
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| 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. | | | | | | |

24/08

Daytima Phone #

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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