## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

DOCUMENT # P06000117394  1. Entity Name JILL CHALKLEY PA							06-11-2008 90001 020 ***150.00					
Principal Place of Business 3545 ROLLING TRAIL PALM HARBOR, FL -34684			Mailing Address 3545 ROLLING TRAIL PALM HARBOR, FL 34684					N 80110 B1141 I	FRIII ENIN ANI	S) 1/22/ 1/2// 1/2	<b>121</b> (111 <b>1</b> (211) <b>(</b> 11	13 <b>4 F</b> ) (1 <b>1 F</b> )
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10407 STIRRUP WAY 10407 S				RRUI	P WAY	,						
Suite, Apt.	.,		Suite, Apt. #, etc.			053	312008	Chg	<b>y-P</b>	CR2E0	34 (12/06)	
City & State TAMPA FL			City & State TAMPA FL				Et Numb 20-568				<b>—</b>	oplied For of Applicable
3363	16	Country USA	33624	Count	1ry 5 17	<b>5.</b> C	Certificate	of Status	Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CHALKLEY, JILL 3545 ROLLING TRAIL 10407 STIRRUP WAY PALM HARBOR, FL-34684 TAMPA, FL 33626				AY	Name Street Address (P.O. Box Number is Not Acceptable)							
			/		City						Zip Cod	
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	,	istered age	ent. or bo	oth in the	State of Fig	FL prida Lam	1	
the obligat	ions of regist	ered agent.	3.3			,	,	,				and docopi
SIGNATURE_	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	d Agent algnature re	quired when les	nstaling)			DATE		<del></del>
		FEE IS \$150.00 otember 12, 2008	9. Election Campai Trust Fund Contr	_	~ —	\$5.00 M Added to F					.193(2)(b), e the prior i	
10.	<u> </u>	OFFICERS AND D		11.		ADI	DITIONS	/CHANGE	S TO OFF	ICERS AND	DIRECTOR	
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of the cor	on inis repor poration or th	rt or supplemental report is t he receiver or trustee empor	this filing does not qualify for true and accurate and that me wered to execute this report with all other like empowered.	ny signat as requir	ure shall have	the come is	ensi effe	ct ac if ma	de under i	aath-that La	m on officer	or disposter

SIGNATURE:	Wix	MULLINE	Jill Chalk	ley 4/1/08	721-743-7286
/	SIGNATOR AND TYP	ED OR PRINTED NAME OF SIGNING (	OFFICER OR DIRECTOR	Date	Daytime Phone #