## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 18, 2008 8:00 am Secretary of State DOCUMENT # P06000131358 04-18-2008 90029 018 \*\*\*150.00 HANCOCK AND WARBURTON, INC Principal Place of Business Mailing Address 400 EDGEWOOD DR PO BOX 742 FORT MEADE, FL 33841 AVON PARK, FL 33826 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 109 S FLORIDAANE Suite, Apt. #, etc. Suite, Apt. #, etc. 02282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For **CALLA** 20-5677516 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANCOCK, TERRY HANCOCK, TERRY M 400 EDGEWOOD DR. FORT MEADE, FL 33841 FORT MORDE ent for the oursess of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submite t the obligations of registered agent SIGNATURE. egistered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition HANGEL, TERRY PO BOX 742 HANCOCK, TERRY M NAME NAME PO BOX 393 STREET ADDRESS STREET ADDRESS AM PARK, FL 33825 CITY-ST-7IP FORT MEADE, FL 33841 CITY-ST-7IP ☐ Delete TITLE TITLE Change ■ Addition WARBURTON, JOHN M. NAME NAME STREET ADDRESS 2639 BROOKE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MEADE, FL 33841 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

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 empowers. SIGNATURE: SIGNAL ORD AND EMPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP