## 2008 FOR PROFIT CORPORATION

. 12.

## **ANNUAL REPORT**

## DOCUMENT # P0700012074

**FILED** Apr 14, 2008 8:00 am Secretary of State 04-14-2008 90072 021 \*\*\*150.00

Principal Place of Business  1055 OLD BIG TREE ROAD SOUTH DAYTONA, FL 32119 US  Mailing Address  1055 OLD BIG TREE ROAD SOUTH DAYTONA, FL 32119 US			
1055 OLD BIG TREE ROAD SOUTH DAYTONA, FL 32119 US SOUTH DAYTONA, FL 32119 US			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			
Sulte, Apt. #, etc. Suite, Apt. #, etc. 03082008 Chg-P CR2E034 (	03082008 Chg-P CR2E034 (12/06)		
City & State City & State 4. FEI Number 20 - 830 5 233	20 - 830 5 233 Not Applicable		
	75 Addi Required		
<u>,                                    </u>			
LAIBLE, EA, JULIE D			
121 DUNDEE RD DAYTONA BEACH, FL 32118 Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)		
City FL	Zip Code		
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			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	RECTORS	IN 11	
TITLE P Delete TITLE NAME  VAN HORN, HENRY A  STREET ADDRESS  CITY-ST-ZIP SOUTH DAYTONA, FL 32119  TITLE NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	Change	Addition	
TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	Change	☐ Addition	
TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	Change	Addition	
TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change	☐ Addition	
TITLE Delete TITLE NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify the exemptions contained in Chapter 119, Florida Statutes. I further certify the exemptions contained in Chapter 119, Florida Statutes. I further certify the exemptions contained in Chapter 119, Florida Statutes.	] Change	Addition	

a network certify that the information supplied with this hing does not qualify for the exemptions contained in Chapter 1.19, 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.

SIGNATURE: