FILED Sep 02, 2008 8:00 am Secretary of State

2008	FOR PRO	FIT C	DRPOR/	ATION
	ANNU	IAL RE	PORT	

ANNOAL NEFORI					_	00 02 2000	00021 020 ***1	50.00		
DOCUMENT # P0700018415 1. Entity Name PAULK COMMUNICATIONS INC							90031 038 ***15	50.00		
	(B)	14-11 Add			⊣ 401	14863				
Principal Place		Mailing Address			1 202					
636 FIR AVE		636 FIR AVENUE	110			*				
NICEVILLE, F	L 32578 US	NICEVILLE, FL 32578	US							
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2 Principal D	ace of Business - No P.O. Box #	3. Mailing Address								
z. Filitipai Fi	ace of business - No F.O. Box #	J. Maling Address				18 14 18 14 18 14 18 14 181 4				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		08212008	Chg-P	CR2E034 (12/06)			
City & State		City & State		4. FEI Numbe	20-843	1257 A	pplied For ot Applicable			
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired	\$8.75 Ad	ditional		
	6. Name and Address of Curren	nt Registered Agent	Ц		7. Name and	Address of New R				
	S. Haine and Address of Walter	t (tog.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.	-	Name			iogiotorou Agont			
PAULK, DA	AVID L									
636 FIR A				Street Address	s (P.O. Box Number	er is Not Acceptable	3)			
	E, FL 32578		}							
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			ľ	City			FL Zip Coo	et		
	named entity submits this statement	for the purpose of changing its	s registere	ed office or regis	stered agent, or bo	th, in the State of Flo	orida. I am familiar with	, and accept		
irie obligat	ions of registered agent.									
SIGNATURE_										
3107111101122	Signature, typed or printed name of registered agei	nt and little if applicable. (NOT	E. Registered	I Agent signature requ	ured when reinstating)		DATE			
							· · · · · · · · · · · · · · · · · · ·			
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	9. Election Campa Trust Fund Con	-	· · ·	55.00 May Be added to Fees	In accordance of corporation did	with s. 607.193(2)(b), not receive the prior	, F.S., the notice.		
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO DEE	ICERS AND DIRECTOR	29 IN 11		
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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 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 addiges, with all other this period overed.										
SIGNATURE: 8/28/08 850-855-3044										
SIGNATURE: 3/28/08 850-855-3044 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desymme Phone #										