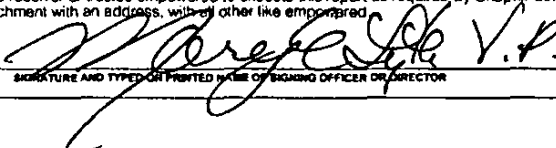


2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/4/2008-90045-029-\$150.00-\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -3 PM 12:21

DOCUMENT # P07000053761					
1. Entity Name LYTLE & SHERRY, P.A.					
Principal Place of Business 390 NORTH ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801 US			Mailing Address 390 NORTH ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-8969518	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LYTLE, MARY E 390 NORTH ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating)					
☒ FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SHERRY, ROBERT 390 NORTH ORANGE AVENUE ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Mary E. Lytle 390 N. Orange Avenue Orlando, FL 32801	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LYTLE, MARY E 390 NORTH ORANGE AVENUE ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President Robert + Sherry 390 N. Orange Avenue Orlando, FL 32801	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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 or other like empowered.					
SIGNATURE:  8/2/08 407-956-1056					