2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

DOCUMENT # P07000067289 1. Entity Name WILLIAM C. SUNDBLOM CPA, PA				04-23-2008 90020 030 ***150.00				
Principal Plac	e of Business •	Mailing Address •						
3210 COVEN SAFETY HAR	TRY NORTH Bor, FL 34695	3210 COVENTRY NORTH SAFETY HARBOR, FL 34699	5	1 0.0 0.0 0.0 0.0 0.0 0.0	41 48 110 88 110 88 11 1 68 11 8			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 131 FIRST ST. WW 131 FIRST S		57. NW						
Suite, Apt.		Suite, Apt. #, etc.			hg-P CR	22E034 (12/06)		
City & Stat	60 FC	City & State LAR 60 FL		4. FEI Number 26-0407	7336	No	olied For Applicable	
3377		33770	ountry	5. Certificate of Stat		\$8.75 Add Fee Required		
- -	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent Name					
SUNDBLOM, WILLIAM C								
3210 COVENTRY NORTH				Street Address (P.O. Box Number is Not Acceptable)				
SAFETY HARBOR, FL 34695								
			City LARG	· _		FL Zig Gody	2.0	
8. The above	named entity submits this statement for	stered office or registe	red agent, or both, in th		1 1	and accept		
	ions of registered agent.	ggg		_				
SIGNATURE	willics de	WILLIAM C	SUNDBLOM stered Agent signature require	4/21/08				
-	Signature, typed or printed name of registered agent ar	nd title it applicable. (NOTE: Regis	stered Agent signature require	d When reinstating)	D	ATE		
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.								
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS	AND DIRECTORS	IN 11	
TITLE	P "		TITLE			Change	☐ Addition	
NAME STREET ADDRESS	SUNDBLOM, WILLIAM C 3210 COVENTRY NORTH		NAME STREET ADDRESS	BI FIRST ARGO FL	5T. NU	د		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		23 776			
TITLE				AKGO FL	. , , , , , ,)		
NAME			TITLE	AKGO FL	<u> </u>	Change	☐ Addition	
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12. Thereby 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 empowered.

SIGNATURE: WILLIAM C. SUNDELOM 4/21/08 727 581 C817