ANNUAL REPORT DOCUMENT # P07000067560



2008 FOR PROFIT CORPORATION

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90033 022 ***150.00

Maining Actives Maining Ac	C & H EN	TERPRISES OF FWB, INC								
Suite, Apr. #, etc. City & Suite A. FEI Number SPG - 35612.91 Na Applicable For SPG - 35612.91 Na Applicable For Registered Agent Name Sea 75 Auditional For Registered Agent 7. Name and Address of Current Registered Agent Name	1328 MIRACLE STRIP PARKWAY SUITE 604 1328 MIRACLE STRIP F				1:00(00) 111	-		ı Bun e bic	281 N (84)	
City & Satio Ci	2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address							
Zip County	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282008	Chg-P	CR2E034 (1	2/06)		
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent Name Name Name Name Name Name Name Nam	City & State		City & State		4. FEI Number	3551291				
Name	Zip	Country	Zip	Country				5 Addi	tional	
WILDER, JAMES R 102 OAKHILL AVE FT WALTON BEACH, FL 32547 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 Signature State and private under the purpose of changing its registered agent and the abactable (1/D)F Registered Agent Agent apparture transvertiamen tentural amount interaction) DATE		6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Re	gistered Agent	<u></u>		
102 OAKHILL AVE FT WALTON BEACH, FL 32547 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 Ronda. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am hamiliar with, and accept the part of Ronda. I am hamiliar with, and accept the part of Ronda. I am hamiliar with, and accept the part of Ronda. I am hamiliar with, and accept the part of Ronda. I am hamiliar with, and accept the part of Ronda. I am hamiliar with and accept the part of Ronda. I am hamiliar with, and accept the part of Ronda. I am hamiliar with, and accept the part of Ronda. I am hamiliar with a definition of Ronda. I am hamiliar with and accept the part of Ronda. I am hamiliar with a definition of				Name	Name					
Signature City City Color City Cit	102 OAKHILL AVE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
The above named entity submits the 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 lives or private number of registered agent and life if adequate the number of registered agent and life if adequate the number of registered agent.										
SIGNATURE Signature Signa				City			FL Zi	p Code		
TILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1										
TILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund CentroLuich	SIGNATURE									
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE P.D. Change Addition NAME SEASLEY, HOLLIS STREET ADDRESS 1328 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548 Delete HILE NAME STREET ADDRESS CITY-SI-JP CITY SI-JP THE Delete HILE Change Addition NAME STREET ADDRESS CITY-SI-JP CITY-SI-JP THE Delete HILE Change Addition NAME STREET ADDRESS CITY-SI-JP CITY-SI-JP THE Delete HILE Change Addition NAME STREET ADDRESS CITY-SI-JP CITY-SI-JP THE Delete HILE Change Addition NAME STREET ADDRESS CITY-SI-JP CITY-SI-JP THE Delete HILE Change Addition NAME STREET ADDRESS CITY-SI-JP CITY-SI-JP THE Delete HILE Change Addition NAME STREET ADDRESS CITY-SI-JP CITY-SI-JP THE Delete HILE Change Addition NAME STREET ADDRESS CITY-SI-JP CITY-SI-JP THE Delete HILE Change Addition NAME STREET ADDRESS CITY-SI-JP CITY-SI-JP THE Delete HILE Change Addition NAME STREET ADDRESS CITY-SI-JP CITY-SI-JP THE DELET CHANGE CHANGE THE DELET CHANGE CHANGE THE DELET CHANGE										
IUILE P.S. Change Addition NAME STREET ADDRESS CITY-ST-ZIP TWALTON BEACH, FL 32548 TITLE NAME STREET ADDRESS CITY-ST-ZIP TURLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TURLE DELET TURLE TURLE DELET TURLE TU										
NAME STREET ADDRESS CITY-SI-2IP TITLE NAME SIREET ADDRESS CITY-SI-2IP TITLE NAME SIRET ADDRESS CITY-SI-2IP TITLE NAME SIRET ADDRESS CITY-SI-2IP TITLE NAME SIRET ADDRESS CITY-SI-2IP TITLE	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRE	CTORS	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET	NAME STREET ADDRESS	BEASLEY, HOLLIS 1328 MIRACLE STRIP PARKWA	Υ	NAME STREET ADDRESS			□ c	hange	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITL			☐ Delete					hange	Addition	
CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE										
ITILE NAME SIREET ADDRESS CITY-S1-ZIP ITILE NAME STREET ADDRESS CITY-S1-ZIP ITILE STREET A				•						
INILE NAME STREET ADDRESS CITY-ST-ZIP INITE IN	NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			c	hange	Addition	
NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP STREET										
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT			∟ Delete					nange	☐ Addition	
INTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET									!	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-SI-ZIP			CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY	INLE		☐ Delete	TITLE	·		□ C	hange	Addition	
CITY-ST-ZIP FILE NAME STREET ADDRESS CITY-ST-ZIP 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										
TITLE NAME STREET ADDRESS CITY-S1-ZIP 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				•						
NAME STREET ADDRESS CITY- ST-ZIP 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			П в						□ Addis:=:	
STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP 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			Li Delete					nanye	AUGITION	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP										
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										
	12. I hereby o	ertily that the information supplied with	this filing does not qualify for	r the exemptions contain	ned in Chapter 119,	Florida Statutes. I 1	urther certify tha	it the inf	formation	

of the corporation or the re-changed, or on an attachm with all other like empowered.

SIGNATURE: