FILED Apr 28, 2008 8:00 am Secretary of State

2008 FOR PROFIT CORPOSATION ANNUAL REPORT

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 A Fee Requisite and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCEACHERN, ALBERT A 1525 OCEAN BREEZE LN GULF BREEZE, FL 32563 City FL Zip Co 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site it applicable. [MOTE: Registered Agent signature required when refinitating) DATE PLAN MOMENTE PER 15, \$150.00 9. Election Campaign Financing \$5.00 May Be	Applied For Not Applicable Additional ired
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FILE MOWILL PEP IS \$150.00 9. Election Campaign Financing \$5.00 May Be	
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	AS IN 11
TITLE D □ Delete TITLE □ Change NAME MCEACHERN, ALBERT A NAME	e
STREET ADDRESS 1525 OCEAN BREEZE LIN STREET ADDRESS	
an-si-te GULF BREEZE, FL 32563 any-si-ze	
TITLE D . Delete TITLE Change NAME MCEACHERN, CAROLE NAME	e 🔲 Addition
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12. I hereby certify that the information supplied with this fifing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office 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 changed, or on an attachment with an address, with all other like empowered. A MCFack Pack 4/1/1/18 (8.50) 9.32	er or director or Block 11 if