## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P07000079340



FILED May 14, 2008 8:00 am Secretary of State

1. Entity Nam	OF EAST FLORIDA, INC	73040				05-14-2008 90	)014 010	***150.	00
Principal Place of Business Mailing Address			DDIC DOULEVAL			· ·			
500	CLYDE MORRIS BOULEVARD	500	= =						
	EACH, FL 32119	<u> </u>	DAYTONA BEACH, FL 32119						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address			<u> </u>			# <b>##</b> ##
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04222008	Chg-P	CR2E034	<sup>‡</sup> (12/06)	
City & State		City & State	City & State		4. FEI Number	5349	38	<u> </u>	plied For at Applicable
Zip	Country	Zip	Country		<i>J</i> , ,	of Status Desired		8.75 Add	litional
	6. Name and Address of Curro	ent Registered Agent			7. Name and	Address of New Re			
AMENDOLAGINE, MARILYN				Name					
1898 SOU	ITH CLYDE MORRIS BOULI	EVARD	Street A	\ddress (F	3.O. Box Number	r is Not Acceptable)			
DAYTONA BEACH, FL 32119								T	
			City		<u> </u>		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 Marth Amendment of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees									
10.	· <del>/ · · · · · · · · · · · · · · · · · ·</del>	ND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND D	RECTORS	3 IN 11
TITLE NAME	P,D AMENDOLAGINE, MICHAEL	☐ Delete	TITLE NAME				[	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP	1898 SOUTH CLYDE MORRE DAYTONA BEACH, FL 32119	S BOULEVARD #500	STREET ADDRESS CITY-ST-ZIP						
TITLE NAME	VP,D AMENDOLAGINE, MARILYN	☐ Delete	TITLE NAME	VD	nda laa in	e Marily		<b>2</b> Change	Addition
STREET ADDRESS	SS 1898 SOUTH CLYDE MORRIS BOULEVARD #500 STR			1898		e, Marilyi Yde Morr	ii Blu	d Sta	2500
CITY-ST-ZIP	DAYTONA BEACH, FL 32119 S.T	9 Delete	CITY-ST-ZIP	Dayt	na Be	ach, FL	<u> ۱ الح</u>	T Channa: "	Addition
NAME	AMENDOLAGINE, MARILYN		NAME					} UHANYO	LI Addition
STREET ADDRESS CITY-ST-ZIP	1898 SOUTH CLYDE MORRI DAYTONA BEACH, FL 32119		STREET ADDRESS CITY-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				[	Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify for	CITY-ST-ZIP	contained	Lin Chanter 119	Florida Statutes 11	further certify	that the ir	oformation
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 address, with all other like empowered.									
SIGNATURE: Marilyn Amendal Ogine Marchy Marine Boyse 386-322-0673  Dayling Phone #									