

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

01-31-2008 90022 047 ***150.00

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01052008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0587201** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROBBINS, RUSSELL M ESQ.
9690 WEST SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 33065-4046

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 _____

Signature, typed or printed name 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE _____
NAME **PSD DANIEL, DOUGLAS C** ☐ Delete
STREET ADDRESS **7037 N.W. 68TH DRIVE**
CITY- ST- ZIP **PARKLAND, FL 33067**

TITLE _____
NAME **VPTD BLOODWORTH, H. LOWELL** ☐ Delete
STREET ADDRESS **1040 CHARLES STREET**
CITY- ST- ZIP **CLEARWATER, FL 33755**

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY- ST- ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY- ST- ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY- ST- ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY- ST- ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY- ST- ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY- ST- ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY- ST- ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY- ST- ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY- ST- ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/2008