2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # P0700095480 1. Entity Name ANTHONY'S LOOK OUT SERVICES INC							05-05-20	08 90223	012 ***1:	50.00
Principal Place	e of Business	Mailing Address	l							
236 NW 15T		236 NW 15TH STREET POMPANO BEACH, FL 33060		BR		NEW WIND HAVE HER WAS A STANDARD OF THE STANDA				U ta l (1 1 41)
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			;					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				05012008	Chg-P	CR2E(34 (12/06)	
City & State		City & State			4. FEI Number 74-3	2294	49		plied For Applicable	
Zip	Country	Zip	Count	try		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent				7. Name and	Address of New	Registered	Agent	
	V ANTHONY D	•		Name						
CALLAWAY, ANTHONY B 236 NW 15TH STREET POMPANO BEACH, FL 33060			Street Address (P.O. Box Number is Not Acceptable)							
				City FL Zip Code						
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registere	ed office or re	egistere	d agent, or bot	h, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age:	nt and title if applicable. (NOT	E: Registered	d Agent signatura	e required e	vhen reinstating) .		DATE		
	v. **									
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Con		icing	\$5.0 Adde	00 May Be d to Fees				
	ay 1, 2008 Fee will be \$550 OFFICERS AN	.00 Trust Fund Con			\$5.0 Adde	d to Fees	CHANGES TO O	FFICERS ANI	D DIRECTOR	
After Ma	ay 1, 2008 Fee will be \$550 OFFICERS AN	.00 Trust Fund Con	tribution.	.]	Adde	d to Fees ADDITIONS/			D DIRECTOR	S IN 11
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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

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

14-25-2008

954 547-3436