

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2008 90263 032 \*\*\*150.00

<b>DOCUMENT # P07000114314</b> 1. Entity Name <b>FLORIDA SITE, INC.</b>			
Principal Place of Business <b>15022 COPELAND WAY</b> <b>BROOKSVILLE, FL 34604 US</b>		Mailing Address <b>15022 COPELAND WAY</b> <b>BROOKSVILLE, FL 34604 US</b>	
2. Principal Place of Business - No P.O. Box # <b>6195 Jakarta Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>15022 Copeland Way</b> Suite, Apt. #, etc.	
City & State <b>Dunnellon FL</b> Zip <b>34433</b> Country <b>US</b>		City & State <b>Brooksville FL</b> Zip <b>34604</b> Country <b>US</b>	
4. FEI Number <b>45-0573660</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HORSMAN, SALLY J</b> <b>15022 COPELAND WAY</b> <b>BROOKSVILLE, FL 34604</b>		7. Name and Address of New Registered Agent Name - Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>HORSMAN, JAMES P JR.</b> <b>15022 COPELAND WAY</b> <b>BROOKSVILLE, FL 34604</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>HORSMAN, JAMES P III</b> <b>15022 COPELAND WAY</b> <b>BROOKSVILLE, FL 34604</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>MILLER, JUSTIN R</b> <b>15022 COPELAND WAY</b> <b>BROOKSVILLE, FL 34604</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S/T</b> <b>Horsman, Sally</b> <b>15022 Copeland way</b> <b>Brooksville, FL 34604</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>James P. Horsman Jr</u> <b>James P. Horsman JR</b> <b>5-2-08</b> <b>352-564-3999</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			