
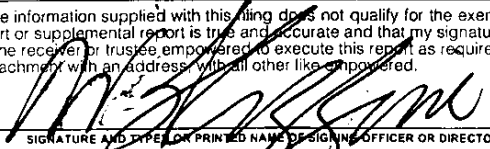


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-14-2008 90018 027 ***150.00

DOCUMENT # P93000010208 1. Entity Name WILLIAM A. ABRUZZINO II, P.A.					
Principal Place of Business 133 S OLD DIXIE HIGHWAY LADY LAKE, FL 32159			Mailing Address 303 S.E. WENONA AVENUE OCALA, FL 34471		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 133 SOLD DIXIE HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lady Lake, FL			
Zip	Country	Zip 32159	Country USA	4. FEI Number 59-3166393	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRUZZINO, MARY BETH 303 S.E. WENONA AVENUE OCALA, FL 34471			7. Name and Address of New Registered Agent Name Richard M Sandy Street Address (P.O. Box Number is Not Acceptable) 704 SW 3rd AVE City Ocala FL 34471		
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 reinstalling) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST ABRUZZINO, WILLIAM A II 303 S.E. WENONA AVENUE OCALA, FL 34471 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	216 LAKE Griffin Road LADY LAKE, FL 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			02/08/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		