2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF BY

FILED
Mar 13, 2008 08:00 A
Secretary of State

Mailing Address 660 COX RD STE 6 COCOA, FL 32926 US DO NOT WRITE IN THIS SPACE 03112008	1. Entity Nam JOHNS, I	BUCKALEW & JOHNS, P.A.	iling Address) -	50	cictary or St
59-3208135 Not Applica 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent JOHNS, CARL E JR 660 COX ROAD STE 6 COCOA, FL 32926 DO NOT WRITE IN THIS SPACE 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 account the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE Registered Agent signature required when renatating) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Added to Fees	660 COX RD COCOA, FL .	15 TE 6 15 TE 15 T	SO COX RD STE 6 VICTOR OF STE	CF	03112008 N		2E034 (11/05)
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees	SIGNATURE	Signature, typed or printed name of registered agent and title	applicable. (NOTE Registers	nd Agent signature require	ed when reinstating)		NTE
OFFICERS AND DIRECTORS	FIL After M	LE NOWIII FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00			5.00 May Be ided to Fees		
	10.	OFFICERS AND DIREC	TORS	-			
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TITLE U00000855869 NAME 03/27/08-80070-003 150.00 STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS				C	000000859 03/27/08-801	5869 070-003 150.00
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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 informatic 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 direct	 	<u> </u>		1 w			