## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT FILED** DOCUMENT # P94000003754 Jul 16, 2008 08:00 AM — Secretary of State LAW OFFICES OF TERENCE A. GROSS, P.A. er was a first of Principal Place of Business Mailing Address 917 NORTH PALAFOX STREET 917 NORTH PALAFOX STREET PENSACOLA, FL 32501 PENSACOLA, FL 32501 07092008 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3219684 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GROSS, TERENCE A DO NOT WRITE 917 NORTH PALAFOX STREET PENSACOLA, FL 32501 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 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 \$550.00 9. Election Campaign Financing -\$5.00 May Be Trust Fund Contribution. Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GROSS, TERENCE A 917 NORTH PALAFOX STREET STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 TITLE NAME STREET ADDRESS U00000955233 07/16/08-80008-002 550.00 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 of 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:

CITY-S1-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7908

(850 ]434-333?