


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000083120 1. Entity Name SURVIVORS GROUP, INC.	
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Principal Place of Business 1407 1/2 JUNE AVE STE B PANAMA CITY, FL 32402 US	Mailing Address 1407 1/2 JUNE AVE STE. B PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3281003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRIGMAN, M P 1407 1/2 JUNE AVE STE B PANAMA CITY, FL 32402
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIEHL, JERRY 1407 1/2 JUNE AVE #B PANAMA CITY, FL 324012037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRIGMAN, M P 1407 1/2 JUNE AVE #B PANAMA CITY, FL 324012037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCARPA, J R 1407 1/2 JUNE AVE #B PANAMA CITY, FL 324012037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HADELY, RF 1407 1/2 JUNE AVE #B PANAMA CITY, FL 324012037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000840852 03/07/08-80008-018 150.00</p> DO NOT WRITE IN THIS SPACE

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: *Mr P Brigan* 1-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #