2008 FOR PREFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000092444

1. Entity Name CANNON TRANSCRIPTION, INC.



Principal Place of Business

Mailing Address

1197 WALDEN ROAD TALLAHASSEE, FL 32317 1197 WALDEN ROAD

TALLAHASSEE, FL 32317 U

FILED Jan 25, 2008 8:00 am Secretary of State

01-25-2008 90033 029 ***150.00

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01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3281318

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANNON, AGATHA M 1197 WALDEN ROAD TALLAHASSEE, FL 32317

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature, typed or printed trains or registered agost and line in	- Special (NOTE, Insgistered	- Agent alginatore	required where tellistating;	VAIE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			
THTLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, AGATHA M 1197 WALDEN ROAD TALLAHASSEE, FL 3231\7				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, E. FRANK JR. 1197 WALDEN ROAD TALLAHASSEE, FL 3231 \ 7				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/09 Date 850-942-8096