## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

	Ion 14 2000	
DOCUMENT # P94000092784  1. Entity Name YARBROUGH, SARNOWSKI, & EVANS, P.A.	Secretary of	08:00 Al of State
Principal Place of Business 314 S. MISSOURI AVE. SUITE 310 CLEARWATER, FL 33756 US  DO NOT WRITE IN THIS SPAC	01082008 No Chg-P CR2E034 (11/05)	DIESE II 1830
6. Name and Address of Current Registered Agent	4. 1214011061	
EVANS, ROBERT P 314 S. MISSOURI AVE. SUITE 310 CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe	nt signature required when reinstating) DATE	
10. OFFICERS AND DIRECTORS  IIILE PTD  NAME SARNOWSKI, DAVID J.  STREET ADDRESS DITY-ST-ZIP CLEARWATER, FL		
TITLE VSD  NAME EVANS, ROBERT P  314 S. MISSOURI AVE., SUITE 310  CITY-ST-ZIP CLEARWATER, FL		3. 3.
NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS CITY-SI-ZIP	DO NOT WRITE IN THIS SPACE	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME 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 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:** 

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-08

727-446-6097 Daytime Phone #