2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014129

FILED Feb 10, 2008 Secretary of State

Entity Name: FLYCASTER & CO., INC. **Current Principal Place of Business: New Principal Place of Business:** 14722 NW 140TH ST ALACHUA, FL 32615 US **Current Mailing Address: New Mailing Address:** P.O. BOX 357606 GAINESVILLE, FL 357606 US FEI Number: 65-0614605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSIN, NEIL ROSIN, NEIL 500 NW 43RD STREET 14722 NW 140TH STREET US GAINESVILLE, FL 32607 ALACHUA, FL 32615 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. SIGNATURE: NEIL ROSIN 02/10/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SPENCE, JOHN B Name: Name: PO BOX 357606 Address: Address: City-St-Zip: GAINESVILLE, FL 32635 City-St-Zip: Title: DO Title: () Change () Addition () Delete Name: SPENCE, SHEILA A Name: PO BOX 357606 Address: Address: GAINESVILLE, FL 32635 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA SPENCE 02/10/2008 DO