## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 08:00 AN Secretary of State

•	ANNUAL REPORT	• •			01, 2000 00.0	
DÖCUI	MENT # P95000025519	(SEE SO)	]	Se	cretary of St	
4 Entity Nom						
	Py 1, 2008 Feb with the \$550.04 The Presence of the CONSTRUCTION LINE AND A SECOND CONTRACTOR OF THE PROPERTY		u ic Hees			
G 11	TAGMER PUELS SYSOLOB 9 Fector Litation		30 kgy 63		! 	
	e of Business		<b></b>			
	3TH STREET 4128 N.W. 13TH STREET	'			<u></u>	
GAINESVILLE	A, FL 32609 US GAINESVILLE, FL 32609	US			,	
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			04302008	No Chg-P CI	R2E034 (11/05)	
D	O NOT WRITE IN THIS SP	ACE	4. FEI Number		Applied For	
			59-33084	63	Not Applicable	
			5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent				1 co (toquired	
LIVEEN B	ODNEY T					
HYDEN, R 4128 NW 1			DO N	IOT WRI	TE	
GAINESVI	LLE, FL 32609		IN THIS SPACE			
				iio oi A	<b>-</b>	
	named entity submits this statement for the purpose of changing its regions of registered agent	stered office or registe	ered agent, or both, i	in the State of Florida.	I am familiar with, and accept	
_						
SIGNATURE_	Signature: typed or printed name of registered agent and title if applicable (NOTE, Reg	istered Agent signature require	d when reinsta(ing)	ſ	DATE	
	9. Election Campaign F	innain er				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 Trust Fund Contribut		.00 May Be ded to Fees	U000009	942975	
10.	OFFICERS AND DIRECTORS			<del>~~05/23/00</del>		
TITLE	P					
NAME	HYDEN, RODNEY T	ŀ				
STREET ADDRESS CHY-ST-ZIP	4128 NW 13TH ST GAINESVILLE, FL 326091807					
TITLE	GAINESVIELE, 1 E 320091007		•	. ,	:	
NAME					•	
STREET ADDRESS	•	1				
CITY-ST-ZIP		<u> </u>				
TITLE NAME						
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indicated	certify that the information supplied with this filing does not qualify for the on this report or supplemental report is true and accurate and that my si	gnature shall have the	same legal effect a	iorida Statules. I furthe s if made under oath; t	that I am an officer or director	
or the cor changed,	on this report or supplemental report is true and accurate and that my si poration or the receiver or trustee empowered to execute this report as re , or on an attachment with an address with all other like empowered.	equired by Chapter 60	ir, rionua Statutės; a	ачы шасту пате арр	Rears (II DIOCK TO OF BIOCK 11 II	