2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 06, 2008 8:00 am Secretary of State

950 -913-1898 Daytime Phone #

1. Entity Nam	ne	# P95000090 SEMENT, INC.		None	05-06-2008	90034 (18 ***150	0.00		
Principal Place of Business 4127 W HIGHWAY 98 4127 W HIGHWAY 98 PANAMA CITY, FL 32401 PANAMA CITY, FL 32401						111111111111	ı filmi bilin dibili tolin daklı	42 (1)0(11 0	. 1111 1 . p. p. j. g (1.1 4. s. 2 11	11886 II FREI
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252008	Chg-P	CR2E	34 (12/06)	
City & State			City & State			4. FEI Number 59-334			<u> </u>	plied For at Applicable
Zip	Zip Country		Zip	Count		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Current		7. Name and	Address of New R	egistered .	Agent			
SCOTT, J.	CAREY	÷	Name							
4127 W. H PANAMA	IIGHWAY !			Street Addres	s (P.O. Box Numbe	er is Not Acceptable)			
					City		·	FL	Zip Code	 -
8 The above	named entity	v submits this statement for	or the purpose of changing its	rogietor	ed office or regis	torad agent, or be	th in the State of Flo		fomiliar with	and account
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 Ag						ired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND	DIRECTORS	S IN 11
TITLE	P	L CAREY	☐ Delete	E				Change	☐ Addition	
' NAME STREET ADDRESS	SCOTT, J. CAREY ADDRESS 4127 W HIGHWAY 98				RE EET ADDRESS					
CITY-ST-ZIP PANAMA CITY, FL 32401					r-ST-ZIP					
TITLE			☐ Delete	TITL	E	***			☐ Change	Addition
NAME STREET ADDRESS				NAM						
CITY-ST-ZIP					EET ADDRESS '-ST-ZIP					
TITLE	1		Delete	TITL					☐ Change	Addition
NAME	ł			NAM	IE .			-		
STREET ADDRESS CITY-ST-ZIP					EET ADORESS (-ST-ZIP					
TITLE			☐ Delete	TITL	-				Chann	- Addition
NAME	1		C Delete	NAM	. 1				☐ Change	☐ Addition
STREET ADDRESS	1				EET ADORESS					
CITY-ST-ZIP				-	'-ST-ZIP					
TITLE NAME			☐ Delete	TITL					☐ Change	Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				CITY	r-ST-ZIP					
TITLE			☐ Delete	TITL	1				☐ Change	Addition
NAME Street adoress				NAM S186	re Eet address					
CITY-ST-ZIP					-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 pasted 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: 4-28-05 950-913-1898										
JIGNAI	UKE: _	TUTUM					1 -0-09	9 -	0 7177	10 10