2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 31, 2007 08:00 AM Secretary of State

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DOCUMENT#	P95000092910

ABACUS ACCOUNTING & TAX SERVICE, INC.



Principal Place of Business

Mailing Address

704 SW 3RD AVE

OCALA, FL 34474

P.O. BOX 1239 OCALA, FL 34478

01022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3347478

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDY, RICHARD M 5740 S.E. 21ST LANE OCALA, FL 34472

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more exploration in the contraction of

the obligations of registered agent.	ent for the purpose of changing i	ts registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	ROAM And the if applicable (NC	OTE: Registered Agent aignature required when reinstating)	DATE

9. Election Campaign Financing Trust Fund Contribution. トキャ ロマネ Added to Fees ト ドネネタネイ ギキュネネッタイネスタ

\$5.00 May Be

UQQQQQG13**6**Q4 02/05/07-80044-025 150.00

DS LEMON LOFFICERS AND DIRECTORS 10. PVTS TITLE SANDY, RICHARD M NAME STREET ADDRESS 5740 S.E. 21ST LANE CITY-ST-ZIP OCALA, FL 34472 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP NAME

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12. Thereby certify that the information supplied with this filling 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 twistee 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZP