2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 08:00 AN Secretary of State

ANNUAL REPORT				11p1 25, 2000 00:00			
1. Entity Nam	MENT # P9500009581	3			S	ecretar	y of Sta
Principal Place 1 NE 1ST AV SUITE 401 OCALA, FL 3	/E .	Aailing Address P.O. BOX 383 OCALA, FL 34478	,		 		373 (#1 37 1 1 37 1
DO NOT WRITE IN THIS SPACE			CE	02152008 4. FE: Numb 59-334		CR2E034 (11/	Applied For Not Applicable
	6. Name and Address of Current Regi	stered Agent		5. Certificate	of Status Desired	Fee Re	Additional quired
NEUMAN, CURTIS W P.O. BOX 383 OCALA, FL 34478			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and bits	A Jacobania (NATE Parateur	5 Access a construe con una	A uban ra norman		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees	U00000 05/15/08-	0922628 -80055~004	150 00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTV NEUMAN, CURTIS W P.O. BOX 383 OCALA, FL 34478	CTORS .					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	PACE	
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-S1-ZIP				****		. , , <u>.</u>	a

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 a director of the corporation of the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2008

352-351-9288

Daytime Phone #