2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 18, 2008 08:00 AM **Secretary of State** DOCUMENT # P9600000166 1. Entity Name NANCY H. ARTHUR, P.A. Principal Place of Business Mailing Address 12622 SKIPPER LANE 12622 SKIPPER LANE ---HUDSON, FL 34669 11.2 15 HUDSON, FL 34669 01162008 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3377073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARTHUR, NANCY H DO NOT WRITE 12622 SKIPPER LANE HUDSON, FL 34669 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. SDTP ARTHUR, NANCY H NAME 12622 SKIPPER LANE STREET ADDRESS CITY-ST-ZIP HUDSON, FL U000000788495 TITLE 01/18/08-80044-001 150.00 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 altachment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED