2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000007552



Feb 04, 2008 08:00 Al Secretary of State RICHARD W. SHAFFER, II, P.A.

Principal Place of Business

1061 EGRETS WALK CIR

SUTIE 102

NAPLES, FL 34108 US

Mailing Address

1061 EGERTS WALK CIR SUITE 102

NAPLES, FL 34108 US



02022008

No Chg-P

CR2E034 (11/05)

FILED

4. FEI Number 65-0635129

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SHAFFER, RICHARD WII 1061 EGRETS WALL CIR 102

DO NOT WRITE

| NAPLES, FL 34108 | | | | 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. | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | Election Campaign Trust Fund Contrib | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | 1 | | ···· · | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICHARD W SHAFFER II 1061 EGRETS WALK CIR 102 NAPLES, FL | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 000000814641 02/13/08-80051-021 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WRITE IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-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 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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP