## 2008 FOR PROFIT CORPORATION

**FILED** 00 AM tate

ANNUAL REPORT					Feb 14, 2008 08:0			
1. Entity Nam	MENT # P9600007886				Secretai	cy of St		
4625 LITTLE RD 4		ailing Address 625 LITTLE RD IEW PORT RICHEY, FL 34655			18118 Bahii Bahia Bahii Bahi	4 ABRILLANDO FRINCISCO DE	i 10 i i i i 1880   11 1881	
. i				01072008	No Chg-P	CR2E034 (11/0		
D	OO NOT WRITE II	n this spa	CE	FEI Numbe     59-3409     Certificate		□ \$8.75 Fee Req	Applied For Not Applicable Additional guired	
6. Name and Address of Current Registered Agent WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34690					NOT W			
	named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and title			istered agent, or bot quired when reinstating)		DATE	vith, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	~~~~	1 <del>00827120</del> 18-80075-02	2 150.00	
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE  D WALKER, CHARLES F 4625 LITTLE RD NEW PORT RICHEY, FL 34655	CTORS			NOT W			
TITLE NAME STREET ADDRESS								

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 an address, with all other like empowered.

SIGNATURE: \_

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/14/08

727-375-11/2

Dete

Daytime Phone #