

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 21 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3406388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, CHARLES L JR.
3520 THOMASVILLE ROAD
SUITE 200
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
101 N. Monroe St., Suite 900
City Tallahassee FL Zip Code 32301

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 if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DVPS
STREET ADDRESS BYRNE, D. ANDREW
CITY-ST-ZIP 3240 WHITMAN WAY
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS 212 East 57th St., Apt 2C
CITY-ST-ZIP New York, NY 10022 ☒ Change ☐ Addition

TITLE
NAME DP
STREET ADDRESS COOPER, CHARLES L
CITY-ST-ZIP 821 LAKE RIDGE ROAD
TALLAHASSEE, FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 500124800625
04/21/08--01007--005 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres.

4-18-08

850/222-8611