2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: TOWAS S. VAKENH' PRESIDENT OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCU 1. Entity Nam TJGV, IN		61		•	S	ecretary of Stat
Principal Plac	e of Business	Mailing Address				
8841 COLLE	GE PKWY	8841 COLLEGE PKWY				
SUITE 101 SUITE 101 FORT MYERS, FL 33919 US FORT MYERS, FL 33919 US			¢			
TORT WITERS		.			 	
President	and the standard with the standards	die de de	01042008 No Chg-P CR2E034 (11/05)			
vi ^{ri} ri (e. []	O NOT WRITE	CE	4. FEI Numbe		Applied For Not Applicable	
	in the second of			of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALENTI, JOSEPHINE 1681 LONG MEADOW ROAD FORT MYERS, FL 33919			Con Paig	IN	NOT W	
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. Iyoed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remastating) DATE						
		1				
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.				.00 May Be led to Fees		J927934 J927934
10.	OFFICERS AND DIR	ECTORS			~~U5/21/U 5	00000 004-150.00
TITLE NAME	PDST		11 13 134	Carrier of	(1) · · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	VALENTI, THOMAS S 1681 LONG MEADOW ROAD		50.	h		
CITY-ST-ZIP	FORT MYERS, FL 33919			Estate of the second		1 1 9
TITLE	DVP	· · · · · · · · · · · · · · · · · · ·		in the same		
NAME	VALENTI, JOSEPHINE		ing this is			4.
STREET ADDRESS CITY-ST-ZIP	1681 LONG MEADOW ROAD FORT MYERS, FL 33919		The second second			
TITLE	PORT WIERS, PL 33919			and the second	Barrist &	
NAME					7	
STREET ADDRESS CITY-ST-ZIP			Company of the	DO	NOT W	RITE
TITLE			s no m	IN 7	THIS SP	ACE
NAME OVEREZ ADORDOS					I IIIO OF	ACE
STREET ADDRESS CITY-ST-ZIP			ta granda de la	i i i i i i i i i i i i i i i i i i i		
TITLE			in the second se		" Sol Library	
NAME					9	1
STREET ADDRESS						
CITY-ST-ZIP	14. 11		a.			
TITLE NAME			医二甲基二甲基二		Marie Barrier	The Market of the Control of the Con
STREET ADDRESS					Propries	
CITY-ST-ZIP			the state of the s		n Halling has a	A STATE OF THE STA
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 reported 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.						