2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nam	MENT # P970000599			٥	eeretti y	or State	
Principal Place 3928 S.E. 5 OCALA, FL 3		Mailing Address P. O. BOX 6034 OCALA, FL 34478 US		1 1 1 1 1 1	(B. 1811) 1881) 1881) 1881) 1881	JII BAIRI BIIJA IBIIB IAIRB	II) 10/110) II 111 f
	O NOT WRITE	^E	01262007	No Chg-P	CR2E034 (11/4		
	O NOT WKITE	CL	FEI Numb 59-345 Certificate		□ \$8.75 Fee Req	Applied For Not Applicable Additional uired	
	6. Name and Address of Current Re	gistered Agent	<u> </u>	<u> </u>			
MORALES, JOHN C 3928 SE 58TH AVE. OCALA, FL 34480					NOT W THIS SF		
	e named entity submits this statement for th tions of registered agent.	e purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Fl	orida. I am familiar v	vith, and accept
	Signature, typed or printed name of registered agent and	itte if applicable (NOTE: Registera	od Agent signature required	d when reinstaling)	•	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DIF	RECTORS	-		<u> </u>	· · · · ·	
NAME STREET ADDRESS CITY-SI-ZIP	D MORALES, JOHN C 3928 S.E. 58TH AVE OCALA, FL 34480		U00000611657 02/02/07-80072-005 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS				DO	NOT W	RITE	
CITY-ST-ZIP TITLE NAME STREEI ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·					
TITLE							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutès. 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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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