2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# P97000064951

Entity Name: R.W. SHUTES & ASSOCIATES, INC.

Current Principal Place of Business:

2140 NE 36TH AVENUE
BLDG 300
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2140 NE 36TH AVENUE
BLDG 300
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-3460617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHUTES, RICHARD W
2140 NE 36TH AVENUE
BLDG 300
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SHUTES, R.W.
Address: 2584 NEFOUND HARBOR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD ( ) Delete
Name: KNISLEY, KENT
Address: 2140 NE 36TH AVENUE
City-St-Zip: BLDG 300, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: KNISLEY, KENT
Address: 3334 CAPITAL MEDICAL BLVD, SUITE 300
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RW SHUTES PSD 02/25/2008

Electronic Signature of Signing Officer or Director — Date