

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90162 020 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000089172**

1. Corporation Name  
**CINDEROSA, INC.**

Principal Place of Business  
**4571 PINE VALLEY LOOP  
 LECANTO FL 34461**

Mailing Address  
**2631-A NW 41ST STREET  
 GAINESVILLE FL 32606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>		2a. Mailing Address <b>26</b> <b>4571 Pine Valley Loop</b> <b>27</b> Suite, Apt. #, etc. <b>28</b> <b>Lecanto FL</b> <b>29</b> <b>34461</b> <b>30</b>		3. Date Incorporated or Qualified <b>10/14/1997</b>		4. FEI Number <b>59-3475452</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
				8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>KING, WILLIAM BOB</b> <b>2631-A NW 41ST STREET</b> <b>GAINESVILLE FL 32606</b>				10. Name and Address of New Registered Agent <b>81 Name Cindy Walker</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 4571 Pine Valley Loop</b> <b>83</b> <b>84 City Lecanto FL 85 Zip Code 34461-8800</b>			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE Cindy A Walker (Cindy A Walker) 5-16-99.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>P</b> STREET ADDRESS <b>WALKER, CINDY</b> CITY-ST-ZIP <b>4571 PINE VALLEY LOOP</b> <b>LECANTO FL 34461-8800</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>KING, WILLIAM BOB</b> STREET ADDRESS <b>2631-A NW 41ST STREET</b> CITY-ST-ZIP <b>GAINESVILLE FL 32606</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cindy A Walker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-99 352-527-1827  
Date Daytime Phone #

CR2E034 (1/98)