2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 08:00 AN Secretary of State

DOCUMENT # P98000026068 1. Entity Name WXOF, INC.				Secretary of Sta			
35048 U.S.	ce of Business 19 NORTH OR, FL 34684	Mailing Address 35048 U.S. 19 NORTH PALM HARBOR, FL 34684			8 1818 1611 6811 8611 881		
DO NOT WRITE IN THIS SPA			CE	04302008 No Chg-P CR2E034 (11/05) 4. FEI Number 58-2391439 Applied For Not Applicablo 5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHURDELL, STEPHEN 35048 U.S. 19 NORTH PALM HARBOR, FL 34684			DO NOT WRITE IN THIS SPACE				
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 bite if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be Ided to Fees	02/55/08 00000	10931338 1-80010-02	5 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD SCHRUDELL, STEPHEN 35048 U.S. 19 NORTH PALM HARBOR, FL 34684 STD MARCOCCI, BETTY LOU 35048 U.S. 19 NORTH PALM HARBOR, FL 34684	RECTORS		DO	NOT W	RITE	
TITLE NAME STREET ADDRESS				IN	THIS SF	PACE	

12. Thereby certify that the information supplied with the fitting does not opalify 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 frustee employment to execute his 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 a raddress, with all other like empowered.

Stephen

Schurdell

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR