

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2008 08:00 Al Secretary of State

ANNUAL REPORT				Secretary of Sta			
1. Entity Nam	MENT # P980000677; erprises, inc.	27 ••^			Secr	etary of Sta	
Principal Place of Business  11000 TERMINAL ACCESS ROAD STE 8630 FT MYERS, FL 33913  Mailing Address PO BOX 530866 SAINT PETERSBURG, FL 337			7	 	130 <b>12</b> 00 1108 1100 <b>1201 1</b> 201	ITEN 1816 INT KURUT I ANI	
D	O NOT WRITE		CE		o Chg-P CR2E	Applied For Not Applicable  \$8.75 Additional Fee Required	
	P. J. AMA SHORED DRIVE S. TERSBURG, FL 33705	***		OT WRIT			
8. The above the obligat	named entity submits this statement for thions of registered agent.  Signature, typed or printed name of registered agent and the		ed office or register		he State of Florida. I at		
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENTON, P.J. 2028 CROSS BEAM DRIVE CHARLOTTE, NC 28217	ECTORS	-				
NAME STREET ADDRESS CITY-ST-ZIP	FORD, LEE 2959 BROADWAY FT MYERS, FL 33901				U000008808 4/15/08-8008	~~	
NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AME REET ADDRESS			IN THIS SPACE			
IITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			19 20 20 20 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

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 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.

SIGNATURÉ:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Prone •