2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000081954

1. Entity Name

CANTONMENT ONE, INC.



Principal Place of Business

516 LAKEVIEW ROAD

UNIT 8

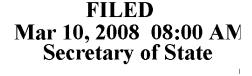
CLEARWATER, FL 33756

Mailing Address

516 LAKEVIEW ROAD

UNIT 8

CLEARWATER, FL 33756





DO NOT WRITE IN THIS SPACE 4. FEI Number

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3534377

Applied For Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756

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	e named entity submits this statement for the partitions of registered agent.	ourpose or changing its register	ea onice or i	egistered agent, or both	. III the state of Florida. Ta	m amiliar with, and	accept
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	10. OFFICERS AND DIRECTORS						· .
TITLE	DPST			A randital list	and the second section is	u julija sekij	25.

FLYNN, THOMAS F STREET ADDRESS 516 LAKEVIEW ROAD - UNIT 8 CITY-ST-ZIP CLEARWATER, FL 33756 TITLE **VPD** FLYNN, KEVIN T NAME STREET ADDRESS 516 LAKEVIEW RD # 8 CITY-ST-ZIP CLEARWATER, FL 33756 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

03/26/08-80101-006 158.75

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12. Thereby certify that the information supplied with this filling 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 agreement with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin T. Flynn, Vice President 2/22/08

727-449-1182

Daytime Phone #