## 2008 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE: \_

## Feb 07, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P98000097365 02-07-2008 90013 018 \*\*\*150.00 HATCH & DOTY, P.A. Mailing Address Principal Place of Business 1701, HWY. AIA, STE. 220 1701 HWY, AIA, STE, 220 VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business · No P.O. Box # 947 - 20th Place 3. Mailing Address 947 Suite, Apt. #, etc. Suite, Apt. #, etc. 01312008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For Vero Beach City & State ero Beach 65-0887056 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOTY COASTAL CORPORATE SERVICES, INC. O. Box Number is Not Acceptable) 1701 HWY, AIA, STE, 220 VERO BEACH, FL 32963 Beach 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 (NOTE; Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PS Delete Change ☐ Addition TITLE HATCH, IRA C NAME NAME 1701 HWY A ASTE 220 STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP XP P,S,T Delete ☐ Change ☐ Addition TITLE TITLE DOTY, KEVIN S NAME 1701-HWW AIA STE 220 947 - 20th Place NAME STREET ADDRESS STREET ADDRESS VEROBEACH FL 32903 Vero Beach, FL 32960 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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

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