2008 FOR PROFIT CORPORATION

FILED 00 A ate

	ANNUAL REPORT				Mar 03, 2008 08:			
1. Entity Nam	MENT # P9900002963 CORPORATION	38		Secretary of St				
Principal Place of Business Mailing Address 15151 TECHNOLOGY DR. 15151 TECHNOLOGY DR. BROOKSVILLE, FL 34604-0640 BROOKSVILLE, FL 34604-064			40					
· [-	OO NOT WRITE I	re Ce	01042008	No Chg-P	CR2E034 (11/05)			
	O NOI WRITE I	N THIS SPA	CE	4. FEI Numbe 59-357 5. Certificate		├	ed For applicable onal	
29 S. BRO BROOKS\	ON, DARRYL W OOKSVILLE AVE VILLE, FL 34601 In named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or register	IN 7	NOT WI	ACE	d accept	
SIGNATURE_	Signature, typed or printed name of registered agent and it	ie if applicable. (NOTE: Registere	id Agent signature required	I 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.				.00 May Be ed to Fees			i	
10.	OFFICERS AND DIRI	ECTORS	ï.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRES RAKUCEWICZ, JOHN 4578 LAKE-IN-THE-WOODS DR. SPRING HILL, FL 34607 S/T				<u> </u>	845629		
NAME Street address City-St-Zip	RAKUCEWICZ, ANNE 4578 LAKE-IN-THE-WOODS DR. SPRING HILL, FL 34607			. •		80003-012 1SC	1.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ſ			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPA	ACE		
TITLE NAME						.`		

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.

Section Constant Care

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR