2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

	ANNUAL	REPORT			Secretary of Sta	
1. Entity Nam	MENT # P990000709			Seci	retary of Sta	
Principal Plac 11446 LAKE FORT MYERS	CYPRESS LOOP	Mailing Address P.O. BOX 61116 FT. MYERS, FL 33906-1116		: HANKANI (18 18110 INI); ABUT BATU ANU ARKU UNI)	ANIM IRRA KUN AKKURI U KAL	
D	OO NOT WRITE		CE	04122008 No Chg-P CR2E 4. FEI Number 65-0942139 5. Certificate of Status Desired	E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Regulard	
	6. Name and Address of Current Red HILIP G II KE CYPRESS LOOP ERS, FL 33913	gistered Agent	DO NOT WRITE IN THIS SPACE			
	tions of registered agent.	hup 6 DIETZII V	ed office or register d Agent signature required	ed agent, or both, in the State of Florida. I an	m familiar with, and accept	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF DVP DIETZ, PHILIP G II 11446 LAKE CYPRESS LOOP FORT MYERS, FL 33913	RECTORS		0000009459 05./30/08-8002	953 29-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIETZ, LORI S 11446 LAKE CYPRESS LOOP FORT MYERS, FL 33913					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			DO NOT WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		
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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 fike empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: You')	TYPE OFFRINTED NAME OF SIGNING OFFICER OF DIRECTOR	4/78/08	239 - 432 - 0 03 Daytime Phone #
SIGNATURE: TVA J.	INUE LOIL O DIETL Y MIGHELY	מלוומצוד	627-726-002