## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 11, 2008 8:00 am Secretary of State

	ANNOA			_	ろせいせい	ary ur St	au	
1. Entity Name	MENT # S03227			07-11-2008 90017 019 ***150.00				
Principal Place	e of Business	Mailing Address						
878 S HWY 17-2		153 LASH DRIVE	153 LASH DRIVE		40110339			
DEBARY, FL	32713 US	DEBARY, FL 32713			4011	0000		
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2. Principal Place of Business - No PO. Box #		3. Mailing Address \$7 B. S. Hwy 17-92						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07082008	Chg-P	CR2E034 (12/06)		
City & State	p	_ City & State		4. FEI Numb			oplied For	
City & State		Debary FL		65-023		<del></del>	ot Applicable	
Zip	Country	Zip	Country	5 Carrificate	of Status Desired	□ \$8.75 Ad	ditional	
		32713	us			Fee Require	ed	
	6. Name and Address of Currer	it Registered Agent	Name	7. Name and	Address of New	Registered Agent		
HENRY, T	HOMAS M		wane					
153 LASH			Street Addres	s (P.O. Box Numb	er is Not Acceptal	ole)		
DEBARY,	FL 32713		-					
			City			FL Zip Cor	te	
8. The above	named entity submits this statement	for the purpose of changing its r	egistered office or regis	stered agent, or bo	th, in the State of I	Florida. I am familiar with	and accept	
	ions of registered agent.		•	•			•	
SIGNATURE_								
SIGNATORE	Signature, typed or printed name of registered age	int and little if applicable. (NOTE:	Registered Agent signature may	ared when remotating)		DATE		
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	9. Election Campaig Trust Fund Contri		55.00 May Be added to Fees		with s. 607.193(2)(b), d not receive the prior		
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS.	CHANGES TO O	FICERS AND DIRECTOR	RS IN 11	
TITLE	Р	☐ Delete	TITLE			☐ Change	Addition	
NAME	HENRY, THOMAS M		NAME					
STREET ADDRESS CITY-ST-ZIP	153 LASH DR.		STREET ADDRESS CITY-ST-ZIP					
	DEBARY, FL 32713							
TITLE NAME	HENRY, CHERYL	☐ Delete	HTE	······································				
STREET ADDRESS	TIENNY, OTIENYE	C pelete		t. 1111		☐ Change	Addition:	
	153 LASH DR	C pereie	NAME	<del></del>		☐ Change	Addition	
CITY-ST-ZIP	153 LASH DR DEBARY, FL 32713	C) Policit				☐ Change	Addition:	
CITY-ST-ZIP		□ Delivie	NAME STREET ADDRESS			☐ Change		
TITLE HAME			NAME STREET ADDRESS CITY-ST-ZIP				Addition	
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CITY-ST-ZIP

12. Thereby 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

07/08/08

(386)668-0691

Date

Daytime Phone #