2008 FOR PROFIT CORPORATION

FILED Feb 18. 2008 08:00 AN ate

ANNUAL REPORT				Secretary of St			
1. Entity Nan	MENT # S08102 RPER, INC.				Ñ	Secreta	iry of St
Principal Place 11870 74 A SEMINOLE, I		Mailing Address 11870 74 AVE NO SEMINOLE, FL 33772 US					B1814 61814 8181 11 1581
C	OO NOT WRITE	IN THIS SPA	CE	01212008 4. FEI Numb 65-022		CR2E034 (1	1/05) Applied For Not Applicable
				5. Certificate	e of Status Desired	Fee F	5 Additional Required
	6. Name and Address of Current Re	gistered Agent		`			
5200 CEN	IICHARD A TRAL AVE RSBURG, FL 33733			_	NOT W THIS SP		
8. The above the obligat SIGNATURE	e named entity submits this statement for the tions of registered agent. Here was a statement for the tions of registered agent and the statement agent agent and the statement agent age	4	ed office or register		01/-	rida. Tam familia 2 <i>8</i> /3 8	ir with, and accept
FIL After Ma	E NOW!!! FEE IS \$150.00 Apr 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees	02/25/08		2 158.75
10.	OFFICERS AND DIF	ECTORS		· · ·	• • •	· · · · · · · · · · · · · · · · · · ·	
THLE NAME STREET ADDRESS CHY-ST-ZIP	P HARPER, ROGER DALE 11870 74 AVE NO SEMINOLE. FL						; .
NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, LISA 11870 74 AVE NO SEMINOLE, FL						•
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	f •
IITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZEP							:

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 yor on an attachment with an address, with all other like empowered.

BILLE NAME STREET ADDRESS C!TY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR