2008 FOR PROFIT CORPORATION

FILED Anr 30, 2008 08:00 AN ate

ANNUAL REPORT				Secondary of C4.		
1. Entity Name	MENT # S15095 akley inc.			\ ,	50	ecretary of Sta
Principal Place 52 BOVARD A ORMOND BEA		Mailing Address 52 BOVARD AVENUE ORMOND BEACH, FL 32176			1. HOLD THE TOUR SOUT THE TOUR	31 81811 81011 91014 91014 91011 81010 81
D	O NOT WRITE	CE	01312008 No Chg-P CR2E034 (11/05) 4. FEI Number			
52 BOVAR	6. Name and Address of Current Ro WILLIAM MICHAEL D AVENUE BEACH, FL		-	NOT WR		
the obligation	named entity submits this statement for toons of registered agent. Signature typed or printed name of registered agent are		ed Agent signature required		oth, in the State of Florid	a. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS				led to Fees	<u> </u>	934479 80034-015 150.00
NAME STREET ADDRESS CITY-ST-ZIP	PT OAKLEY, MARK GREGORY 2626 S. PENINSULA DRIVE DAYTONA BEACH, FL VPS					
NAME STREET ADDRESS CITY-ST-ZIP	OAKLEY, WILLIAM MICHAEL 52 BOVARD AVENUE ORMOND BEACH, FL					
NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CITY-SI-ZIP TIILE			-	•••		
NAME STREET ADDRESS CITY-SI-ZIP TITLE						
NAME STREET ADDRESS 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.

(O-UWNEK