2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2008 08:00 A Secretary of State

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DOCUMENT # S29109 1. Entity Name						Secretar	y of S
BONDUF	RANT & FUQUA, P.A.						
Principal Plac	ce of Business	Mailing Address	1				
4450 LAFAYETTE ST P O BOX 1508 MARIANNA, FL 32446 US MARIANNA, FL 32447 US							
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****			4 + 4				
				03112008	No Chg-P	CR2E034 (11/05	5)
E	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb		 	Applied For
				59-304		\$9.75 A	Not Applicable
4.9 43 8	6. Name and Address of Current Re-	ristered Agent		5. Certilical	e of Status Desired	Fee Requ	
FUQUA, H. MATTHEW 4450 LAFAYETTE STREET				DO	NOT W	RITE	
MARIANN	A, FL 32446			IN.	THIS SF	PACE	· 19
				de par est			
8. The above	e named entity submits this statement for th	e purpose of changing its register	ed office or re	egistered agent, or b	oth, in the State of Fk	orida. I am familiar wit	h, and accept
	tions of registered agent						
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registers	ed Agent signature:	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIF	RECTORS	est ates				1
TITLE NAME	PD BONDURANT, FRANK E.						
STREET ADDRESS CITY-ST-ZIP	4450 LAFAYETTE STREET MARIANNA, FL						
TITLE NAME	VSTD FUQUA, H. MATTHEW				Unnnn	0854525	
STREET ADDRESS	4450 LAFAYETTE STREET				93/27709	~80010~g21.	150.100
CITY-ST-ZIP	MARIANNA, FL		-				
NAME				eg e	· "、		
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE				IN	THIS SF	PACE	
NAME STREET ADDRESS							
CITY-ST-ZIP					,	.	. 4
TITLE NAME				es established			•
STREET ADDRESS					•		**

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Franks Genducot

Frank E. Bondurant

03/11/08

(850) 526-2263

Date

Daytime Phone #