## **2008 FOR PROFIT CORPORATION**

## **FILED** State

ANNUAL REPORT					Mar 17, 2008 08			
1. Entity Nam	MENT # V07998  PROPERTY OF THE PROPERTY OF T				and a great later of the second	Secret	ary of S	
2100 SOUTH TAMIAMI TRAIL 2 SUITE # 100 S		Mailing Address 2100 SOUTH TAMIAMI TRAIL SUITE # 100 SARASOTA, FL 34239-3803 US			en enik ibair 18ka 1218 (h	H 8181 8181 8181 8181 820 H	11211 21011201 II (20)	
DO NOT WRITE IN THIS SPA			CE	02262008 No Chg-P CR2E034 (11/05)  4. FEI Number 65-0302789 Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent GRABER, GARY N. 2100 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239-3803					NOT W THIS SF			
8. The above named effitity submus this statement for the purpose of changing its register the obligations of persent gent.  SIGNATURE  Signatury hyped or printed name of registered agent and title if applicable  INDIE Register.			ed office or registe  PLY  Agent signature require	_	oth, in the State of Flo	3/12/08	with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution.		00000 04/03/00	00861861 3-80025 <b>-</b> 00	05 150. <u>00</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GRABER, GARY N. 2100 S TAMIAI TRL SUITE 100 SARASOTA. FL 342393803	RECTORS			NOT W THIS SF			
NAME STREET ADDRESS						٠		

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 like empowered.

SIGNATURE: GARY N GRABER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP