2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State				
DOCUMENT # V11951 1. Entity Name						}	05-05-2008 90225 009 ***150.00			
		FITTERS, INC.				,				
Principal Plac	e of Business	S	Mailing Address			4,0000	~			
4709 CHEROKEE RD			4709 CHEROKEE RD		•	1				
TAMPA, FL	33629 U	S	TAMPA, FL 33629	US						
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01072008	Chg-P	CR2E	034 (12/06)		
City & State			City & State			4. FEI Number 59-312			N	oplied For ot Applicable
Zip Country		Zip	Country		5. Certificate	of Status Desired		\$8.75 Add		
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New	Registered	<u> </u>	
REI:\/EΔI>	-DONAHD	· \A /		Nam -	e	s -	يهمريس. منزرد			معريت سيء
BELVEAL, DONALD W. 4709 CHEROCKEE RD				Stree	et Address ((P.O. Box Numb	er is Not Acceptab	ole)		
TAMPA, FL 33629										
				City					■ Zip Cod	la.
8. The above named entity submits this statement for the purpose of changing its regis								F	┗╽╵	
the obligat	tions of regist	ered agent.	ine purpose of changing its	registered unic	e or register	red agent, or bot	in, in the State of r	нопаа. гаг	n tamiliar with,	and accept
SIGNATURE										
	Signature, typed	or printed name of registered agent	and tide if applicable. (NOTE	: Registered Agent si	gnature required	d when reinstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 2008	FEE IS \$150.00 3 Fee will be \$550.	9. Election Campai Trust Fund Contr			.00 Мау Ве			-	
10.	T ==		1 : ' ' '			led to Fees				
TITLE NAME	PD	OFFICERS AND	DIRECTORS	11.	·····	-	CHANGES TO OF	FICERS AN	ID DIRECTOR	S IN 11
STREET ADDRESS	MALZONE		DIRECTORS Delete	TITLE		-	CHANGES TO OF	FICERS AN	ID DIRECTOR Change	S IN 11
OTTLET TABBILEOU	MALZONE 4709 CHE			TITLE NAME	ss	-	CHANGES TO OF	FICERS AN		
CITY-ST-ZIP	1	E, DAN ROKEE RD		TITLE	ss	-	CHANGES TO OF	FICERS AN		
CITY-ST-ZIP	4709 CHE TAMPA, F VPTD	E, DAN ROKEE RD L 33629		TITLE NAME STREET ADDRE	ss	-	CHANGES TO OF	FICERS AN		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR