FILED Apr 11, 2008 8:00 am Secretary of State

2000 F	ANNUAL REPORT	
DOOL INTENIT	11/40067	

DOCUMENT # V12267 1. Entity Name AREND & SISK, P.A.					04-11-2008 9	•	***150.00	
Principal Place of Business	Mailing Address			·				
2211 PECK STREET	PECK STREET PO BOX 9			<u> </u>				
STE 500	00 FT MYERS, FL 33902-0009 US							
FORT MYERS, FL 33901 US				1	N EFOID IESID FIONS OLES TES	NI MINIS NINIS MIGIS ME	.ni: a:uli biblikal (1 lupi	
O Dissipat Stage of Susiana No DO Bout	3. Maillion Address							
2. Principal Place of Business - No P.O. Box #	a) Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.	pt. #. etc. Suite, Apt. #, etc.					_		
Suite, Apr. #, etc.				04072008	Chg-P	CR2E034	(12/06)	
City & State	City & State City & State			4. FEI Numb	er		Applied For	
				65-0310601 Not Applicable				
Zip Country	Zip	Zip Country		5. Certificate	of Status Desired		3.75 Additional	
10.00			1			Fee	e Required	
6. Name and Address of Current	Registered Agent		Nome	7. Name and	Address of New I	Registered Age	<u>int</u>	
AREND, RONALD L.			Name					
2211 PECK STREET			Street Address (P.O. Box Number is Not Acceptable)					
STE 500								
FORT MYERS, FL 33901								
			City			FL	Zip Code	
- T	- the common of above in a the			:	ab :- ab - 00-44 FI			
The above named entity submits this statement for the obligations of registered agent.	ir the purpose of changing its	register	ea onice or reg	istered agent, or bu	nn, in the state of Fi	orida. Tarrilan	mar with, and accept	
,								
SIGNATURE	and title if applicable (NOT	E: Dogietoro	d Agent riggeture rec	quired when reinstating)		DATE		
Signature, typed or printed name of registered agent	and the rapplicable. (NOT	c: negistere	o Agent signature ret	quired witeri reinstating)	ı	DAIL		
FILE NOW!!! FEE IS \$150.00 . After May 1, 2008 Fee will be \$550.				\$5.00 May Be Added to Fees				
10. OFFICERS AND	DIRECTORS	11.			CHANGES TO OF			
	PD Delete ITTL			PDT		D)	【 Change · ☐ Addition	
NAME AREND, RONALD L STREET ADDRESS 2211 PECK STREET STE 500	AREND, RONALD L							
CITY-ST-ZIP FORT MYERS, FL 33901								
	7 0117 1117 2110,7 10 00001						Change Addition	
TITLE NAME	☐ Delete TITL							
STREET ADDRESS				Deana M. Sisk				
CITY-ST-2IP	cir			2211 Peck Street, Suite 500				
TIME	☐ Delete TITLE				នៃ, ೯៤ 3 :	3901 _	Change	
NAME		NAM	DE					
STREET ADDRESS		STR	EET ADDRESS					
CITY-ST-ZIP		CITY	'-ST-ZIP					
TITLE	☐ Detete	TITL	E				Change Addition	
NAME		NAM	-					
STREET ADDRESS			EET ADDRESS					
CITY-ST-ZIP			'-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		
TITLE	☐ Delete	TITL	1			L	☐ Change ☐ Addition	
NAME		NAM	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			'-ST-ZIP					
		——					Change Addition	
TITLE NAME	☐ Delete	TITL				L	_ Change Addition	
STREET ADDRESS			EET ADDRESS					
CITY-ST-ZIP		- 1	'-ST-ZIP					
12. I hereby certify that the information supplied wit	n this filing does not qualify for			ained in Chapter 11	9. Florida Statutes	further certify	that the information	
indicated on this report or supplemental report of the corporation or the receiver or trustee epit	s.true and accurate and that	mv siana	iture shall have	the same legal effe	ct as if made under	oath; that I am	an officer or director	
changed, or on an attachment with an address,	with all other like empowered	redu 1.	red by Chapte					
	011. (/ 7	1220	122/-124	
SIGNATURE:	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	TOP		7-1-08	(4-2 7)	226 -/200 ime Phone #	
SIGNATURE AND TYPED OR	FRINCED RANG OF SIGNING OFFICE!	r OK DIKEÇ	TOR		Darg	Dayti	ring i filtric #	