## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

ANNUAL REPORT				Jan 18, 2008 08:00		
1. Entity Nam	MENT # V23519			S	Secretary of Sta	
	ce of Business	Mailing Address	<u> </u>	1		
2715 NE 36 OCALA, FL		2715 NE 36TH AVE				
OVALII, I E	34470 03	OCALA, FL 34470 US		* (8.89) 8149/8	· · · = = = · · · · · · · · · · · · · ·	
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	6. Name and Address of Current Re	egistered Agent	i dan Sanggan ang Tunggan kanggan ka	Language Services		Fee Required
MAL SHA	RON STARR			(geg wilerde verse) e en jouwelle en eg d		
2715 N.E.	36TH AVENUE			DO:	NOT W	RITE
OCALA, F	L 34470			IN T	THIS SP	ACE
8. The above	e named entity submits this statement for the	ne purpose of changing its register	red office or register	red agent, or both	h, in the State of Flo	orida. I am familiar with, and accept
	itions of registered agent.	m				1-11.08
SIGNATURE.	Signature, typed or printed name of registered agent and	Itale if applicable (NOTE: Register	ed Agent signature required	d when reinstating)		/-//-08
FII	E NOWILL FEE IC BARD OD	9. Election Campaign Fina	ecina \$5	.00 May Be	· , · , · ,	<u> </u>
After M	E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.		led to Fees		
10.	OFFICERS AND DI	RECTORS		<del>ala a a a a a a a a a a a a a a a a a a</del>		
TITLE .	MAI, PETER LEE					
STREET ADDRESS	1				y daga da karan Marka	
CITY-ST-ZIP	OCALA, FL 34470		and the state of t			
TITLE NAME	V MAI, SHARON STARR			eg gilagdar i s Bilag ay jako a	ه مولادی در این	and the common of the common o
STREET ADDRESS	2715 NE 36TH AVE			LANCE SET OF A	uoooor	77887 In · · · · · ·
CITY-ST-ZIP	OCALA, FL 34470				01/18/08	0788710 -80053-008 150.00
TITLE NAME	S WAGNER, ELLA					Angelein ann an Chairteann an Aire agus Taoine ann an Aire An Aireann an Aireann Aireann an Aireann an
STREET ADDRESS	3715 NE 17TH ST				and the second second	Litter Hands dem Central services and services of the services
CITY-ST-ZIP	OCALA, FL 34470				NOT W	RILE
TITLE		· · · · · · · · · · · · · · · · · · ·		IN T	THIS SP	'ACE
NAME STREET ADDRESS			A Marie Mari	, <del>"</del> #	en e	
CITY-ST-ZIP				geografia Landra et al. a. a. eta eta Landra eta eta eta eta eta eta eta eta eta et		
TITLE						an de la la completa de la completa Reporte de la completa
NAME STREET ADDRESS					in simple and a simple of the	
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CITY-SI-ZIP			The state of the s		ay fi kwalinin wa	

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

/-//-03

Daytime Phone #