2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2008 08:00 AN Secretary of State

1. Entity Nan	MENT #V52345 DNER, INC.				\$	Secreta	ry of Stat
Principal Place 2251 NE 19 #53 OCALA, FL		Mailing Address 2251 NE 19 AVE #53 OCALA, FL 34470 US			: Filip (200 Hill B(04) A)	. Sibil bip a dibit bibit	
	O NOT WRITE	NTUCCDA	C E	03182008	No Chg-P	CR2E034 (1	5,617 E15115E1 11 15E1
			UE .	4. FEI Number 65-035			Applied For Not Applicable
					of Status Desired		5 Additional equired
	6. Name and Address of Current Re	egistered Agent		1 1,565°254.65	الله إلى المراق الأنام المراق	to have a higher	Ab Sai Da S
HONER, MIKE 2251 NE 19 AVE #53 OCALA, FL 34470				IN 7	NOT W THIS SP	ACE	
the obligat	a named entity submits this statement for t tions of registered agent.	he purpose of changing its register .	ed office or register	red agent, or bo	h, in the State of Flo	rida. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	tille ⊭ applicable. (NOTE: Registere	ed Agent algrature required	t when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.	<u> </u>	.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS	图特特制局	der Bolding		CHESTIA	
TITLE Name	D HONER, MIKE						
STREET ADDRESS	2251 NE 19 AVE #53			the light			
CITY-ST-ZIP	OCALA, FL						
NAME					, yooooc	869288 80042-023	
STREET ADDRESS CITY-ST-ZIP					.*U47.097.68 .*.	30042- 023	150.00
TITLE							
NAME STREET ADDRESS							
CITY-ST-ZIP		 			NOT W	KHE	
TITLE NAME					THIS SP	ACE	
STREET ADDRESS CITY-ST-ZIP							
TITLE		<u>. </u>					

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

3-25-08 352 6228776

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