2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on ag

SIGNATURE`

with an address, with all other like empowered

FILED Mar 17, 2008 08:00 A Secretary of State DOCUMENT # K42709 1. Entity Name 1809 BRANDON, INC. Principal Place of Business Mailing Address 203 PROVIDENCE RD 203 PROVIDENCE RD BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business - No P.O. Box # 3. Ma'ling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2924382 Not Applicable Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, JOANNE Street Address (P.O. Box Number is Not Acceptable) 203 PRIVIDENCE RD **BRANDON FL 33511** City Zib Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or corn, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____Squitese typod or preveduance of registined absentiary file it application (NOTE Recisioned Appril a mortani required which remember a) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. G00000861403 change C 04/03/08-80808-001 150.00 TITLE Derete TITLE Addition NAME ANDERSON, JOANNE NAME STREET ADDRESS 203 PROVIDENCE RD STREET ADDRESS CITY-ST-ZIP BRANDON FL CITY-ST-ZIP TITLE Derete TITLE Change Addition NAME DUREIKO, JOSEPH MAME 203 PROVIDENCE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7P **BRANDON FL** CHY-ST-ZIP TIME ☐ Derete THLE ☐ Change Addition NAME SELLS, DEANNA NAME STREET ADORESS STREET ADDRESS 203 PROVIDENCE RD CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 TOTE De ete HILL Change Addition NAME! NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP TITLE Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 receive for trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11