2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 02, 2008 8:00 am
Secretary of State
04-28-2008 90358 031 ***138.75
06-02-2008 90009 004 ****11.25

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1. Entity Name
PODS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5585 RIO VISTA DR CLEARWATER, FL 33760	5585 RIO VISTA DR CLEARWATER, FL 33760

DO NOT WRITE IN THIS SPACE

03192008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2759417

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, AARON B
5585 RIO VISTA DR
CLEARWATER, FL 33760

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	WARHURST, PETER S
STREET ADDRESS	5585 RIO VISTA DR
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DIR
NAME	BERG, DAVID P
STREET ADDRESS	780 SUMMIT AVE
CITY-ST-ZIP	ST PAUL, MN 55105
TITLE	SECR
NAME	PARKER, AARON B
STREET ADDRESS	5585 RIO VISTA DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	CFO
NAME	HENSLEY, SAMUEL M
STREET ADDRESS	5585 RIO VISTA DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Sean Gregard _____ 4/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #