

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000095312

Entity Name: FOURDENTS, INC.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

5364 ERLICH RD., SUITE 239
TAMPA, FL 33624

New Principal Place of Business:

6523 SPRING OAK CT.
TAMPA, FL 33625

Current Mailing Address:

5364 ERLICH RD., SUITE 239
TAMPA, FL 33624

New Mailing Address:

P.O. BOX 341424
TAMPA, FL 33694

FEI Number: 06-1823736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENT, WILLIAM A JR.
5364 ERLICH RD., SUITE 239
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

DENT, WILLIAM A JR.
6523 SPRING OAK CT.
TAMPA, FL 33625 US

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.

SIGNATURE:

04/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DENT, WILLIAM A JR.
Address: 6523 SPRING OAK CT.
City-St-Zip: TAMPA, FL 33625

Title: VD () Delete
Name: DENT, BRYAN N
Address: 6523 SPRING OAK CT.
City-St-Zip: TAMPA, FL 33625

Title: SD () Delete
Name: DENT, TONIA K
Address: 6523 SPRING OAK CT.
City-St-Zip: TAMPA, FL 33625

Title: TD () Delete
Name: DENT, JOSHUA M
Address: 6523 SPRING OAK CT.
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. DENT JR.

PD

04/25/2009

Electronic Signature of Signing Officer or Director

Date