## 2008 FOR PROFIT CORPORATION

SIGNATURE:

## Secretary of State ANNUAL REPORT 01-22-2008 90056 043 \*\*\*150.00 DOCUMENT # L08817 FEDÉRAL WAREHOUSE CORPORATION #4 **AUUUUUU** Principal Place of Business Mailing Address 2300 SOUTH DOCK ST. 2300 SOUTH DOCK ST. PALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business - No P.O. Box # 3. Mailing Address **2300 SOUTH**Suite, Apt. #, etc. 2300 SOUTH DOCK ST. DOCK ST. Suite, Apt. #, etc. 01142008 Chg-P CR2E034 (12/06) STE 105 STE 105 City & State City & State 4. FEI Number Applied For PALMETTO PALMETTO 65-0135064 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34221 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STANLEY R1665 RIGGS, STANLEY A JR Street Address (P.O. Box Number is Not Acceptable) 2300 SOUTH DOCK ST PALMETTO, FL 34221 2300 SOUTH DOCK ST., STE 105 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. 1-17-08 SIGNATURE. (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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE 1817 TITLE Change Addition NAME STANLEY A. FIGG 5 STREET ADDRESS 2300 SOUTH DOCK ST., STE 105 RIGGS, STANLEY A. NAME STREET ADDRESS 2300 SOUTH DOCK ST. CHY-ST-ZIP PALMETTO, FL 34221 PALMETTO, FL 34221 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. I hereby 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 charged, or on an attachment with an address, with all other like empowered.

TENNAME OF SIGNING OFFICER OR DIRECTOR

1-17-08

Daytime Phone #

FILED Jan 22, 2008 8:00 am