

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # H01095

1. Entity Name
3 OF A KIND, INC.



Principal Place of Business
115 PONCE DE LEON CIR
PONCE INLET, FL 32127 US

Mailing Address
115 PONCE DE LEON CIR
PONCE INLET, FL 32127 US



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2508920	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYNES, A. DOYLE
115 PONCE DE LEON CIR.
PONCE INLET, FL 32127

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD
NAME	HAYNES, A DOYLE
STREET ADDRESS	115 PONCE DE LEON CIR
CITY-ST-ZIP	PONCE INLET, FL 32127

TITLE	STD
NAME	HAYNES, BETTY
STREET ADDRESS	115 PONCE DE LEON CIR
CITY-ST-ZIP	PONCE INLET, FL 32127

TITLE	
NAME	
STREET ADDRESS	
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04/03/08-80098-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ask 1500 386 2558532