## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 28, 2008 08:00 AN Secretary of State **DOCUMENT # 561754** ICHETUCKNEE FAMILY GROCERIES AND CAMPSITES, INC. Principal Place of Business Mailing Address 8587 SW ELM CHURCH RD FORT WHITE FL 32038 8587 SW ELM CHURCH RD FORT WHITE FL 32038 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1808866 Not Applicable Zip Country Ζip 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 WRAY, VERNIS L Street Address (P.O. Box Number is Not Acceptable) 8587 SW ELIM CHURCH RD FORT WHITE FL 32038 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or copp, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symbols, types or printed harm of registered abent and the Harphoodie DATE fNOTE. Registered Agent signature required when reinstating 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. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STAMBAUGH, DEON S NAME U00000801240 8587 SW ELIM CHURCH RD STREET ADDRESS STREET ADDRESS 02/01/08-80010-012 150.00 FORT WHITE FL 32038 CITY-ST-7/2 CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME WRAY, VERNIŞ L NAME STREET ADDRESS 8587 SW ELIM CHURCH RD STREET ADDRESS CITY-ST-ZIP FORT WHITE FL 32038 CITY-ST-ZIP IIILE Derete TITLE ☐ Change ☐ Addition NAME WRAY, ELAINE E NAME STREET ADDRESS 8587 SW ELIM CHURCH RD STREET ADDRESS CITY-ST-ZIP FORT WHITE FL 32038 CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY+ST-7IP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Deiele TITLE ☐ Change Addition NAME NAME

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 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 addition, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: