


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90026 023 ***550.00

DOCUMENT # 695962 1. Entity Name J.T. FEENEY, INC.			
Principal Place of Business 3218 17TH ST. SARASOTA, FL 34235		Mailing Address 3218 17TH ST. SARASOTA, FL 34235	
2. Principal Place of Business - No P.O. Box # 980 Cattlemen Road		3. Mailing Address 980 Cattlemen Road	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sarasota, Florida		City & State Sarasota, Florida	
Zip 34232		Zip 34232	
Country USA		Country USA	
4. FEI Number 65-0950495		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEENEY, JOHN T 3218 17TH ST. SARASOTA, FL 34235		7. Name and Address of New Registered Agent Name Feeney, John T. Street Address (P.O. Box Number is Not Acceptable) 980 Cattlemen Road City Sarasota	
FL		Zip Code 34232	
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 <u><i>John T. Feeney</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 12/2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTV FEENEY, JOHN T 3218 17TH ST. SARASOTA, FL 34235	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	980 Cattlemen Road Sarasota, FL 34232	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>John T. Feeney</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	