2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/3/2008-90005-004-$61.25-$61.25

DOCUMENT # 751320

1. Entity Name

THE WITHLACOOCHEE ROCKHOUNDS, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 24 PM 2:15

Principal Place of Business	Mailing Address
%SENIOR CITIZENS CENTER CAVEHILL ROAD SPRING HILL FL 34606	387 MARTINA DR SPRING HILL FL 34609 US

2nd MOORE CR2E037 (4/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2404623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, GERALD R
387 MARTINA DR.
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name ANNEVIRGINIA CLEMENTS

Street Address (P.O. Box Number is Not Acceptable) 1505 ARNOLD AVE

City BROOKSVILLE FL Zip Code 34601

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 Annevirginia Clements ANNEVIRGINIA CLEMENTS 8/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By September 3, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T IZZI, DIANE 6195 FABER DR. BROOKSVILLE FL 34602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOTTSMAN, ROBERT 19584 MANECKE RD BROOKSVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Ralph Barber 8034 Montrose Ave Brooksville FL 34613	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, GERALD 387 MARTINA DR. SPRING HILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEAD, AUDREY 4165 GLADE RD SPRING HILL FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY B 9/24/08	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~JENSEN, ROBERT M~~ ~~911 PEMBERTON ST.~~ ~~SPRING HILL FL 34606~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Judith Johnson 387 Martina Dr Spring Hill, FL. 34609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BILLICA, HARRY~~ ~~2972 ROLLING VIEW DR~~ ~~SPRING HILL FL 34606-7234~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas Annevirginia Clements 1505 Arnold Ave Brooksville FL 34601	☐ Change ☒ 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 617, 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: Gerald Johnson GERALD JOHNSON 20 Sept 08 352 688 7810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President