

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F05000005449**

1. Entity Name

PREFERRED PATH OF NEW HAMPSHIRE, INC.



Principal Place of Business

27 UMBRELLA POINT  
WOLFEBORO, NH 03894

Mailing Address

27 UMBRELLA POINT  
WOLFEBORO, NH 03894



03032008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2169980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JENNINGS, JOYCE  
852 VILLAGE ROAD  
NORTH PALM BEACH, FL 33408

**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

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

(NOTE: Registered Agent signature required when reinstating)

*3-10-08*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
JENNINGS, WILLIAM S  
27 UMBRELLA POINT  
WOLFEBORO, NH 03894

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
RITCHIE, JULIE  
1105 DODGE ROAD  
EAST MONTPELIER, VT 05651

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000904211  
05/01/08-20003-022 150.00

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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 all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/08*  
Date

Daytime Phone #