## MAIL

FILED

May 02, 2008 8:00 am Secretary of State

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F07000000454 05-02-2008 90146 028 \*\*\*150.00 1. Entity Name AMERICA'S BODY COMPANY, INC. Mailing Address Principal Place of Business NO.1 LEGGETT ROAD NO.1 LEGGETT ROAD CARTHAGE, MO 64836 CARTHAGE, MO 64836 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 34-1535262 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DVS CVPS TITLE ☐ Delete TITI F **™** Change ☐ Addition Jett, Ernest C. No.1 Leggett Road JETT, ERNEST C NAME NAME ... NO.1 LEGGETT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CARTHAGE, MO 64836 CITY-ST-ZIP Carthage, MO 64836 X Addition ☐ Delete TITL F ☐ Change TITLE Purser Kenneth W. No. 1 Legget Road CRUSA, JACK D NAME. NAME STREET ADDRESS NO.1 LEGGETT ROAD STREET ADDRESS CJTY-ST-ZIP CARTHAGE, MO 64836 CITY-ST-ZIP Carthage mo 44836 ☐ Delete ☐ Change ■ Addition TITLE THE NAME MOSSBECK, SHERI L STREET ADDRESS NO.1 LEGGETT ROAD STREET ADDRESS CITY-ST-7IP CARTHAGE, MO 64836 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 frue 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 of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address my all other like empowered. To the DEST of my knowledge and belief SIGNATURE: