

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 11, 2008 8:00 A.M.
Secretary of State

DOCUMENT # F07000001209

1. Entity Name
RING 9, INC.



Principal Place of Business
14260 W. NEWBERRY RD.
#410
NEWBERRY, FL 32669

Mailing Address
14260 W. NEWBERRY RD.
#410
NEWBERRY, FL 32669

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

08272008

Chg-P

CR2E034 (12/06)

4. FEI Number
87-0773134

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, JOHN
20729 NE 6TH STREET
GAINESVILLE, FL 32606

Name

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

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

8/22/08 01010 023 \$35.00

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME NELSON, JOHN N
STREET ADDRESS 2770 NW 43RD STREET SUITE N
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE P ☒ Delete
NAME MCCARTHY, ROBERT
STREET ADDRESS 2770 NW 43RD STREET SUITE N
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE CEO ☐ Delete
NAME KORAC, CRAIG
STREET ADDRESS 2770 NW 43RD STREET SUITE N
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE T ☒ Delete
NAME FINNEN, MICHELLE
STREET ADDRESS 2770 NW 43RD STREET SUITE N
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Chairman ☒ Change ☐ Addition
NAME John N Nelson
STREET ADDRESS 20729 NE 6th Street
CITY-ST-ZIP Gainesville FL 32606

TITLE ☐ Change ☐ Addition
NAME 09/16/08--01013--020
STREET ADDRESS **26.25
CITY-ST-ZIP

TITLE CEO ☒ Change ☐ Addition
NAME Craig Korac
STREET ADDRESS 303 Walnut Wood Trail
CITY-ST-ZIP Roswell, GA 30075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Chief Financial Officer ☐ Change ☒ Addition
NAME Robert "Bobby" Nicholson
STREET ADDRESS 148 Hampton Ridge Road
CITY-ST-ZIP Macen GA 31220

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michelle Finnen Michelle Finnen

352.505.4139

9/11/08