## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 05, 2008 8:00 am Secretary of State **DOCUMENT # F94000006122** 05-05-2008 90267 029 \*\*\*150.00 DIPPIN' DOTS, INC. Principal Place of Business Mailing Address 5101 CHARTER OAK DR 5101 CHARTER OAK DR. PADUCAH, KY 42001 PADUCAH, KY 42001 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 37-1225393 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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 reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change ☐ Addition JONES, CURT NAME CHARTER DAK DR. STREET ADDRESS 1090 LAUREL KNOLL COURT STREET ADDRESS 5/01 BRENTWOOD, TN 37027 CITY-ST-ZIP CITY-ST-ZIP PADUCAH, KY 42001 TITLE ☐ Delete TITLE 🔀 Change Addition **ULRICH, CONNIE** NAME NAME OAK DR. CHARTER 5/01 STREET ADDRESS 188 MIMOSA LANE STREET ADDRESS CITY-ST-ZIP PADUCAH, KY 42001 CITY-ST-ZIP 42001 <u>Paducah</u> TITLE ☐ Delete TITLE ☐ Change **X** Addition NAME NAME LEONARD, THOMAS 5101 CHARTER OAK DR STREET ADDRESS STREET ADDRESS PARUCAH, KY CITY-ST-ZIP CITY-ST-ZIP 42001 TITLE Delete TITLE ☐ Change Addition HEISNER, STEVE NAME NAME SIDI CHARTER OAK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PADUCAL 42001 TITLE Defete TITLE ☐ Change Addition BLIGH, PHILIP NAME NAME 5101 CHARTER OAK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PADUCALL TITLE **X** Addition TITLE ☐ Detete ☐ Change ZINKEB, MILLIAM NAME NAME OAK DR 5101 CHARTER STREET ADDRESS STREET ADDRESS 42001 CITY-ST-ZIP CITY-ST-ZIP PADUCAH

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.

FILED