

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 A.M.
Secretary of State

DOCUMENT # F94962 1. Entity Name BY-PASS MINI-MART AND WAREHOUSES, INC.					
Principal Place of Business P.O. BOX 644 MILTON, FL 32572 US		Mailing Address P.O. BOX 644 MILTON, FL 32572 US		<div style="text-align: right;"> 7-07 JD SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> <div style="text-align: center;"> 04/28/08 90331 019 \$150.00 </div> <div style="text-align: right;"> 04222008 Chg-P CR2E034 (12/06) </div>	
2. Principal Place of Business - No P.O. Box # 6121 Dogwood Dr.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2296347 Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Milton FL		City & State			
Zip 32570		Country Santa Rosa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARVER, S. ELLEN 4425 AMBERWOOD CIRCLE PACE, FL 32571				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5650 Meadowlark Lane City Milton FL Zip Code 32570	
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 <u><i>S. Ellen Carver</i></u> DATE <u>4-22-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARVER, S. ELLEN P.O. BOX 644 MILTON, FL 32572	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u><i>S. Ellen Carver</i></u>		DATE: <u>4-22-08</u>			