

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005157

1. Entity Name
9008 GROUP, INCORPORATED



Principal Place of Business
1999 W. 190TH STREET
TORRANCE, CA 90504

Mailing Address
P.O. BOX 29048
GLENDALE, CA 91209-9048



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3278704

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHADWICK, ANNA
2000 MONTANA AVE
ST PETESBURG, FL 33793

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HOWROYD, JANICE B
STREET ADDRESS	1999 W. 190TH STREET
CITY-ST-ZIP	TORRANCE, CA 90504

TITLE	VCVT
NAME	BRYANT, CARLTON
STREET ADDRESS	1999 W. 190TH STREET
CITY-ST-ZIP	TORRANCE, CA 90504

TITLE	S
NAME	BRYANT, TINA
STREET ADDRESS	1999 W. 190TH STREET
CITY-ST-ZIP	TORRANCE, CA 90504

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000320395
04/21/05-80037-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #