


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90010 037 \*\*\*150.00

<b>DOCUMENT # H19934</b>	
<b>1. Entity Name</b> PEA RIDGE CASH AND CARRY, INC.	

<b>Principal Place of Business</b> 4622 SCHOOL LN MILTON FL 32571	<b>Mailing Address</b> 4622 SCHOOL LN MILTON FL 32571
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<b>2. Principal Place of Business - No P.O. Box #</b> 4622 School LN	<b>3. Mailing Address</b> 4622 School LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

<b>City &amp; State</b> Pace FL 32571	<b>City &amp; State</b> Pace FL 32571
<b>Zip</b> 32571	<b>Country</b> Santa Rosa
<b>Zip</b> 32571	<b>Country</b> Santa Rosa

<b>4. FEI Number</b> 59-2474083	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  PITTMAN, LEILA L 4622 SCHOOL LN MILTON FL 32571	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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. (Applicable. (NOTE: Registered Agent signature required when reconstituting.) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00.**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> VP	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> TURNER, ROBERT M		<b>NAME</b>	
<b>STREET ADDRESS</b> 4622 SCHOOL LN		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PACE FL 32571		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> P	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> PITTMAN, LEILA L.		<b>NAME</b>	
<b>STREET ADDRESS</b> 4622 SCHOOL LN		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PACE FL 32571		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> S	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> TURNER, TARA L.		<b>NAME</b>	
<b>STREET ADDRESS</b> 4622 SCHOOL LN		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PACE FL 32571		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Tara Turner*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2-12-08 850-994-8095**