## 2008 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## May 02, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # H61849** 05-02-2008 90134 035 \*\*\*150.00 1. Entity Name SIX-A CORPORATION Principal Place of Business Mailing Address 751 BONITA DRIVE 751 BONITA DRIVE WINTER PARK, FL 32789 WINTER PARK, FL 32789 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #. etc. 04302008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2873969 Not Applicable Zip Country Zip 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 PISTULKA, PAUL Street Address (P.O. Box Number is Not Acceptable) **751 BONITA DRIVE** WINTER PARK, FL 32789 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE □ Delete TITLE HERINGTON, EDWARD E. HERINGTON, EDWARD E. NAME NAME 646 CYPRESS STREET ADDRESS 4490 DANIELSON DR STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH Delete TITLE ☐ Change TITLE ☐ Addition NAME ANDERSON, ANN S. NAME 985 LINCOLN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PISTULKA, PAUL 751 BONITA DRIVE STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 offect 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 already of the corporation of the corporation

FILED

Daytime Phone #