

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J34393

Entity Name: GIT N' SPLIT, INC.

FILED
Aug 17, 2006
Secretary of State

Current Principal Place of Business:

505 E. SUGARLAND HWY.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

505 E. SUGARLAND HWY.
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 59-2735758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUGGINS, LINDA OWNER
505 E. SUGARLAND HWY.
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

DUGGINS, LINDA PD
505 E. SUGARLAND HWY.
CLEWISTON, FL 33440 US

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.

SIGNATURE: LINDA DUGGINS

08/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: DUGGINS, SCOTT
Address: 613 RIDGEVIEW CIRCLE
City-St-Zip: CLEWISTON, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: DUGGINS, SCOTT
Address: 613 RIDGEVIEW CIRCLE
City-St-Zip: CLEWISTON, FL 33440

Title: PD () Change (X) Addition
Name: DUGGINS, LINDA
Address: 613 RIDGEVIEW CIRCLE
City-St-Zip: CLEWISTON, FL 33440

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA DUGGINS

PD

08/17/2006

Electronic Signature of Signing Officer or Director

Date