
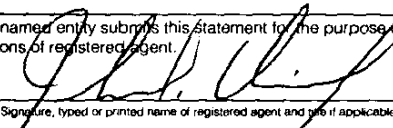
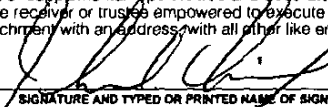


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90038 031 ***150.00

DOCUMENT # J62256 1. Entity Name FLORIDA 12, INC.			
Principal Place of Business 162 SW 145TH DR 11 NEWBERRY, FL 32699 US		Mailing Address 162 SW 145TH DR 11 NEWBERRY, FL 32699 US	
2. Principal Place of Business - No P.O. Box # 12830 NW 11th PLACE Suite, Apt. #, etc.		3. Mailing Address 12830 NW 11th PLACE Suite, Apt. #, etc.	
City & State NEWBERRY FL		City & State NEWBERRY FL	
Zip 32669	Country USA	Zip 32669	Country USA
4. FEI Number 59-2790467		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUIMBY, JOHN A 162 SW 145TH DR. 11 NEWBERRY, FL 32699		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12830 NW 11th PLACE City NEWBERRY FL Zip Code 32669	
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  DATE 1/07/08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</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 PST	NAME QUIMBY, JOHN A.	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 162 SW 145TH DR., 11	CITY-ST-ZIP NEWBERRY, FL 32669	TITLE 12830 NW 11th PLACE	
TITLE D	NAME QUIMBY, JOHN A.	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 162 SW 145TH DR., 11	CITY-ST-ZIP NEWBERRY, FL 32669	STREET ADDRESS 12830 NW 11th PLACE	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS NEWBERRY, FL 32669	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	
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: 		DATE 1/7/08 (352) 225-3966 <small>Daytime Phone #</small>	