2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 07, 2008 08:00 Al Secretary of State **DOCUMENT # J78981** 1. Entity Name IDENTIFI, INC. Principal Place of Business Mailing Address % HELENE M. TALLMAN 19051 SAN CARLOS BLVD. #16 FT. MYERS BEACH FL 33931 % HELENE M. TALLMAN 19051 SAN CARLOS BLVD. #16 FT. MYERS BEACH FL 33931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2828999 Not Applicable Zip Zip Country 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 TALLMAN, HELENE M. Street Address (P.O. Box Number is Not Acceptable) 19051 SAN CARLOS BLVD. #16 FT. MYERS BEACH FL 33931 City 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 Synature, typed or printed heavy of registered agent and let a Temploade. (NOTE: Registered Agent signature required whos reinstitling) FILE NOW!!! FEE, IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TID 6 ☐ Defete TITI F Change Addition NAME TALLMAN, HELENE M. NAME U00000881777 STREET ADDRESS 1022 EDGEMERE DRIVE STREET ADDRESS 04/18/08-80014-012 150.00 FT. MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dalete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THEF ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deicte TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

SIGNATURE: Weleve M. Tallman Heleve M. Tallman 4/04/08 239-463-1221
SIGNATURE and Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF THE PROPERTY OF

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.