

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90043 023 ***150.00

DOCUMENT # K13574

1. Entity Name

POCKET CHANGE, INCORPORATED



Principal Place of Business

652 OAKFIELD DR.
BRANDON FL 33511

Mailing Address

652 OAKFIELD DR.
BRANDON FL 33511



2. Principal Place of Business - No P.O. Box #

4389

3. Mailing Address

4389 Lynx Paw

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lynx Paw Trail

Trail

City & State

City & State

Valrico Fla.

Valrico Fla

Zip

Zip

33596

Country

USA

33596

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2877709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSO, KEVYN C.
652 OAKFIELD DR.
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

RUSSO, Kevyn C

Street Address (P.O. Box Number is Not Acceptable)

4389 Lynx Paw Trail

Valrico Fla 33596

City

FL

Zip

33596

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

Kevyn C Russo

(NOTE: Registered Agent signature required when reappointing)

DATE

1/30/08

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	KEVYN, FARLEY	
STREET ADDRESS	652 OAKFIELD DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FARLEY WILLIAM MICHEAL	
STREET ADDRESS	652 OAKFIELD DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Kevyn C Russo Kevyn C Russo 1/30/08 Kevyn C Russo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: Phone #