

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L03119

1. Entity Name
THE WAREHOUSE INC.



Principal Place of Business
706 W. GAINES STREET
TALLAHASSEE, FL 32304-4310

Mailing Address
706 W. GAINES STREET
TALLAHASSEE, FL 32304-4310

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05292008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3000085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, JAY U.
1941 GREENWOOD DRIVE
TALLAHASSEE, FL 32303

Name

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

City

FL

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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCOTT, JAY U.
STREET ADDRESS 1941 GREENWOOD DR.
CITY-ST-ZIP TALLAHASSEE, FL ☐ Delete

TITLE V
NAME VANDERVORT, LEONARD
STREET ADDRESS 1234 BRANDT DR.
CITY-ST-ZIP TALLAHASSEE, FL ☐ Delete

TITLE S
NAME SCOTT, JENI
STREET ADDRESS 1941 GREENWOOD DR.
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete

TITLE V
NAME RIORDAN, TUCKER L
STREET ADDRESS 817 FOREST DR
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000131408010
06/17/08--01017--014 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Jay U Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-29-08 850-320-4768

FILED

08 MAY 29 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

