

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079103

Entity Name: PITCH, PACK & POST, LLC

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

4100 CORPORATE SQUARE
SUITE 110
NAPLES, FL 34104 US

Current Mailing Address:

4100 CORPORATE SQUARE
SUITE 110
NAPLES, FL 34104 US

New Principal Place of Business:

4100 CORPORATE SQUARE
SUITE 172
NAPLES, FL 34104 US

New Mailing Address:

4100 CORPORATE SQUARE
SUITE 172
NAPLES, FL 34104 US

FEI Number: 20-5423454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, ROBERT H
4100 CORPORATE SQUARE
SUITE 110
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

GIBSON, ROBERT H
4100 CORPORATE SQUARE
SUITE 172
NAPLES, FL 34104 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: ROBERT H. GIBSON

01/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIBSON, BARBARA H
Address: 3832 JUNGLE PLUM DRIVE EAST
City-St-Zip: NAPLES, FL 34114 US

Title: MGRM () Delete
Name: GIBSON, ROBERT H
Address: 3832 JUNGLE PLUM DRIVE EAST
City-St-Zip: NAPLES, FL 34114 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT H. GIBSON

MGRM

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date