2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90056 043 ***150.00

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1. Entity Name
FEDERAL WAREHOUSE CORPORATION #4

400000J06

01142008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2300 SOUTH DOCK ST. PALMETTO, FL 34221	2300 SOUTH DOCK ST. PALMETTO, FL 34221

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2300 SOUTH DOCK ST.		2300 SOUTH DOCK ST.	
Suite, Apt. #, etc. STE 105		Suite, Apt. #, etc. STE 105	
City & State PALMETTO, FL		City & State PALMETTO, FL	
Zip 34221	Country US	Zip 34221	Country US

4. FEI Number 65-0135064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIGGS, STANLEY A JR
2300 SOUTH DOCK ST
PALMETTO, FL 34221

7. Name and Address of New Registered Agent

Name: STANLEY A. RIGGS
Street Address (P.O. Box Number is Not Acceptable): 2300 SOUTH DOCK ST., STE 105
City: PALMETTO FL Zip Code 34221

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] 1-17-08
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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIGGS, STANLEY A. 2300 SOUTH DOCK ST. PALMETTO, FL 34221	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANLEY A. RIGGS 2300 SOUTH DOCK ST., STE 105 PALMETTO, FL 34221	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1-17-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #