


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90040 027 ****61.25

DOCUMENT # N03000005505 1. Entity Name F F O, INC.					
Principal Place of Business 205 PALMETTO CONCOURSE LONGWOOD, FL 32779 US			Mailing Address 205 PALMETTO CONCOURSE LONGWOOD, FL 32779 US		
2. Principal Place of Business - No P.O. Box # 7270 Lewis Grove Rd		3. Mailing Address 7270 Lewis Grove Rd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State GROVELAND FL		City & State GROVELAND FL		4. FEI Number 43-2020436	
Zip 34736		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALLISON, ARTHUR D 205 PALMETTO CONCOURSE LONGWOOD, FL 32779			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME ARTHUR, ALLISON		<input type="checkbox"/> Delete		
STREET ADDRESS 205 PALMETTO CONCOURSE	CITY-ST-ZIP LONGWOOD, FL 32779		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME ARTHUR, ALLISON		<input type="checkbox"/> Delete		
STREET ADDRESS 205 PALMETTO CONCOURSE	CITY-ST-ZIP LONGWOOD, FL 32779		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME ALLISON, DEBORAH		<input type="checkbox"/> Delete		
STREET ADDRESS 205 PALMETTO CONCOURSE	CITY-ST-ZIP LONGWOOD, FL 32779		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME ALLISON, DEBORAH		<input type="checkbox"/> Delete		
STREET ADDRESS 205 PALMETTO CONCOURSE	CITY-ST-ZIP LONGWOOD, FL 32779		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME ALLISON, CHAD		<input type="checkbox"/> Delete		
STREET ADDRESS 205 PALMETTO CONCOURSE	CITY-ST-ZIP LONGWOOD, FL 32779		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME MOORE, CAMILLE		<input type="checkbox"/> Delete		
STREET ADDRESS 7270 LEWIS GROVE RD	CITY-ST-ZIP GROVELAND, FL 34736		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					