

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90061 017 ****61.25

DOCUMENT # N05000001754

1. Entity Name

THINK SO UNIQUE, INC.



Principal Place of Business

5756 RANDALL ROAD
FROSTPROOF FL 33843

Mailing Address

P.O. BOX 1026
FROSTPROOF FL 33843



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

5756 Randall Rd

Suite, Apt. #, etc

3. Mailing Address

P.O. Box 1026

Suite, Apt. #, etc

2nd MOORE

CR2E037 (4/07)

City & State

Frostproof, FL

City & State

Frostproof, FL

4. FEI Number

55-0897032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANDALL, JACKIE
5756 RANDALL ROAD
FROSTPROOF FL 33843

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

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when constituting)

DATE:

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RANDALL, JACKIE
STREET ADDRESS 5756 RANDALL ROAD
CITY- ST- ZIP FROSTPROOF FL 33843

TITLE SD ☐ Delete
NAME BELL, CINDY
STREET ADDRESS 501 GREENBROUGH DRIVE
CITY- ST- ZIP LAKE WALES FL 33843

TITLE TD ☐ Delete
NAME RANDALL, CLEOTHA
STREET ADDRESS 5756 RANDALL ROAD
CITY- ST- ZIP FROSTPROOF FL 33843

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

7-7-07