

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90023 042 \*\*\*\*70.00

<b>DOCUMENT # N05000008023</b>					
<b>1. Entity Name</b> RETIRED AND PROUD, INC.					
<b>Principal Place of Business</b> 8509 WOODWICK CT TAMPA, FL 33615			<b>Mailing Address</b> P.O. BOX 262875 TAMPA, FL 33685		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03312008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 87-0750581				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SAMUELS, ROBERT J 8509 WOODWICK CT TAMPA, FL 33615			Name <u>Crenshaw, Chauncey</u> Street Address (P.O. Box Number is Not Acceptable) <u>27030 Palmetto Bend Drive</u> City <u>Wesley Chapel</u> <b>FL</b> Zip Code <u>33544</u>		
<b>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.</b>					
SIGNATURE <u>Chauncey J Crenshaw</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>April 9, 2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMUELS, ROBERT J 8509 WOODWICK CT TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Crenshaw, Chauncey 27030 Palmetto Bend Drive Wesley Chapel, FL 33544	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAKER, BETTY 3914 WEST PINE ST. TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Austin, Joyoe 10528 San Trancisco Drive Tampa, FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIMBERLY, ANDRIA 27418 SUGAR LOAF DR. TAMPA, FL 33543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT White, Thomas 4372 Ridgemoor Dr. No. Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALSTON, RICHARD P.O. BOX 25031 TAMPA, FL 33622	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BARNES, JOHN 8355 GOLDEN PRAIRIE DR. TAMPA, FL 33647	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BARNES, JOHN 8355 GOLDEN PRAIRIE DR. TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT White, Thomas 4372 Ridgemoor Dr. No. Palm Harbor, FL 34685	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT White, Thomas 4372 Ridgemoor Dr. No. Palm Harbor, FL 34685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BARNES, JOHN 8355 GOLDEN PRAIRIE DR. TAMPA, FL 33647	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: <u>Thomas White</u> Thomas White    3/31/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					