2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000001952

1. Entity Name
PSYMORE RESEARCH INSTITUTE, INC.

Principal Place of Business	Mailing Address
15622 BEAR CREEK DR. TAMPA, FL 33624	P.O. BOX 340464 TAMPA, FL 33694

DO NOT WRITE IN THIS SPACE

03072008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
68-0623278	Not Applicable

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

6. Name and Address of Current Registered Agent

HAGEMAN, SHERIDAN L.
15622 BEAR CREEK DR.
TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

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 reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2008

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

U00000854144
03/26/08-90100-001 61.25

10. OFFICERS AND DIRECTORS

		DO NOT WRITE IN THIS SPACE
TITLE	DP	
NAME	HALL, EUGENIA T.	
STREET ADDRESS	12904 RAIN FOREST STREET	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	DS	
NAME	BARTHLE, JANEA	
STREET ADDRESS	15501 BELLAMY BROTHERS BLVD.	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	DT	
NAME	HAGEMAN, SHERIDAN L.	
STREET ADDRESS	15622 BEAR CREEK DR.	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: _Eugenia Pleasure_   3-7-08   813 968-6876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #