

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N07000001417

1. Entity Name
SWEATMONKEY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 26 AM 11:51

Principal Place of Business
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606

Mailing Address
P. O. BOX 2100
LAKELAND, FL 33806

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282008 Chg-NP CR2E037 (12/06)

4. FEI Number
56-2641019

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOLT, ROBERT S
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606

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 reinstating)

DATE

Amended AR is \$61.25

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 D ☐ Delete
NAME FIELDS, KAY
STREET ADDRESS P.O. BOX 2100
CITY-ST-ZIP LAKELAND, FL 33806

TITLE D ☐ Delete
NAME KING, JENNIFER
STREET ADDRESS P.O. BOX 2100
CITY-ST-ZIP LAKELAND, FL 33806

TITLE D ☐ Delete
NAME MAXWELL, VICKI
STREET ADDRESS P.O. BOX 2100
CITY-ST-ZIP LAKELAND, FL 33806

TITLE D ☐ Delete
NAME TOMLINSON, MACON
STREET ADDRESS P.O. BOX 2100
CITY-ST-ZIP LAKELAND, FL 33806

TITLE D ☐ Delete
NAME WHEELER, MARGARET A
STREET ADDRESS P.O. BOX 2100
CITY-ST-ZIP LAKELAND, FL 33806

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 D/P/CEO/Exec. Director ☒ 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 D ☐ Change ☒ Addition
NAME MCKEEL, Seth
STREET ADDRESS P.O. Box 2100
CITY-ST-ZIP Lakeland, FL 33806

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: x

Vicki Maxwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vicki Maxwell, President

Date

Daytime Phone #

3/5/08

#363005