

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008656

FILED
May 24, 2009
Secretary of State

Entity Name: FOOLS AS ONE, INC

Current Principal Place of Business:

985 S.E. SALERNO ROAD
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

985 S.E. SALERNO ROAD
STUART, FL 34997

New Mailing Address:

FEI Number: 26-1390406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STERL, RICHARD
985 S.E. SALERO ROAD
STUART, FL 34997 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STERL, RICHARD
Address: 985 S.E. SALERNO ROAD
City-St-Zip: STUART, FL 34997 US

Title: VP () Delete
Name: WILEY, JOHN
Address: 5385 CHRISTENSEN ROAD
City-St-Zip: FT. PIERCE, FL 34981 US

Title: SEC () Delete
Name: MONTE, MICHELLE
Address: 4512 SE INLET PLACE
City-St-Zip: STUART, FL 34997 US

Title: TRES () Delete
Name: LUTZ, MIKE
Address: 800 NW FORK ROAD BLDG 8-6
City-St-Zip: STUART, FL 34994 US

Title: TRUS () Delete
Name: CANNON, SCOTT
Address: 10531 SW CAM RUN
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: WORLEY, JAMES
Address: 431 SW KESTOR DRIVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: TRUS (X) Change () Addition
Name: CHAGNON, ROBBIE
Address: 1043 SW 35TH STREET
City-St-Zip: PALM CITY, FL 34990 US

Title: TRUS (X) Change () Addition
Name: CANNON, SCOTT
Address: PO BOX 2004
City-St-Zip: PALM CITY, FL 34991 US

Title: TRUS () Change (X) Addition
Name: MCARDLE, SEAN
Address: PO BOX 2004
City-St-Zip: PALM CITY, FL 34991

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD STERL

PRES

05/24/2009

Electronic Signature of Signing Officer or Director

Date