## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N22830**

1. Entity Name 3325, INC.



**FILED** Apr 12, 2007 08:00 A Secretary of State

Principal Place of Business

11401 PALMETTO BLVD 9- TURKEY CREEK ALACHUA, FL 32615 US Mailing Address

**#9 TURKEY CREEK** ALACHUA, FL 32615

US



## DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

CR2E037 (4/06) 04052007 No Chg-NP

Applied For 4. FEI Number 59-3496215 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

TUCKER, BERNADINE M 11401 PALMETTO BLVD **#9 TURKEY CREEK** ALACHUA, FL 32615

STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

		i				
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 Burnodine M. Duckey  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  A/4/07  DATE						
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finance     Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEBBINS, GORDAN 11403 PALMETTO BLVD ALACHUA, FL 32815		U00000703313			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRIDGES, ERNEST 11405 PALMETTO BLVD ALACHUA, FL 32615			060000703313 04/20/07-80132-017 61.25 <b>DO NOT WRITE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUCKER, BERNADINE M #9 TURKEY CREEK 11401 PALMETTO BLVD ALACHUA, FL 32615					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P SPIVAX, DEBBIE 11407 PALMETTO BLVD ALACHUA, FL '32615		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	•	
TITLE						

12. I hereby certify that the information supplied with this filling 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: 📆 🚉 🚾