

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90022 005 ****61.25

40063016



01032008 Chg-NP CR2E037 (12/06)

4. FEI Number
34-1601295

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCANNAVINO, INC
720 BROOKER CREEK BLVD
SUITE 206
OLDSMAR, FL 34677

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	FELTY, BARBARA	
STREET ADDRESS	1797 STABLE TRAIL	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	RESTREPO, FRED	
STREET ADDRESS	1634 STABLE TRAIL	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEMAN, HAROLD	
STREET ADDRESS	1786 STABLE TRAIL	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PHILBIN, JOHN	
STREET ADDRESS	1802 EAGLE RIDGE BLVD	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PECK, TERRI	
STREET ADDRESS	1802 STARLE TRAIL	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-08

Date

Daytime Phone #