

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90469 015 ****61.25

DOCUMENT # N49108 1. Entity Name TOO FAR, INC.					
Principal Place of Business 26 NORTH FLORIDA AVENUE INVERNESS, FL 34453 US			Mailing Address P.O. BOX 2709 INVERNESS, FL 34451 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3124707	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILSON, MARCO 1215 S OTTO POINT INVERNESS, FL 34450					
7. Name and Address of New Registered Agent Name AL GRUBMAN Street Address (P.O. Box Number is Not Acceptable) 946 PRITCHARD ISLAND RD. City INVERNESS FL Zip Code 34450					
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 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, MARCO 1215 S. OTTO PT. INVERNESS, FL 34450	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTMAN, LARRY 8686 MARVIN STREET FLORAL CITY, FL 34436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRADY, PAT 1480 S. HOMESTEAD PL. INVERNESS, FL 34450	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMUKAL, GREGORY 4392 N. ARBOR SHORE TRAIL HERNANDO, FL 34442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMIC, BOB 1613 CR 435 LAKE PANASOFFKEE, FL 33538	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBMAN, AL 946 PRITCHARD ISLAND RD INVERNESS, FL 34450	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AL GRUBMAN 946 PRITCHARD ISLAND RD. INVERNESS, FL 34450	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCO WILSON 1215 S. OTTO PT. INVERNESS, FL 34450	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 fee empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4/26/07 Daytime Phone # 352-862-2262					