2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N49108 1. Entity Name TOO FAR, INC.							04-30-2007 90469 015 ****61.25						
Principal Place of Business 26 NORTH FLORIDA AVENUE INVERNESS, FL 34453 US Mailing Address P.O. BOX 2709 INVERSNESS, FL					709			1 WANTER AN	1610 Juli o Kato 1				RU O WE
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #. etc.					02172007	Chg-NP	CI	R2E037 (1	2/06)	
City & State			City & State				4. FEI Numbe 59-3124					plied For Applicable	
Zip	Zip Country		Zip		Сос	ntry	5. Certificate of			ired [75 Addi Required	
	6. Name	and Address of Current	Registere	d Agent				7. Name and	Address of N	lew Regis	tered Agen	t	
1881 CON A	MARCO					Name	4,	GRUB	MAN/				
WLSON, MARCO 1215 S OTTO POINT						Street_A	ddress (i	2.O. Box Numbe	r is Not Acce	ptable)	. 0.		
INVERNES						95	16 1	O. Box Numbe	RD I	SLAN	D RD		
					City	-NV	ERNES.	S		FL Z	io Code 3 4 4	50	
	named entitions of regist	y submits this statement for lefed agent.	r the purp	ose of changing its	registere	ed office or	register	ed agent, or bot	h. in the State	of Florida.	. I am famili	ar with. a	and accept
			•										
SIGNATURE -	SIGNATURE Signature. Nigod or profiled name of registered agent and the flappheapire. (NOTE, Registered Agent signature required when renstating) DATE												
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
	-								e				
10.	-		RECTORS							Florida I	Departmen	nt of St	ste
TITLE	Due by N	Aay 1, 2007 OFFICERS AND DIF	RECTORS		dontribut 11.	on.	P	Added to Fees	ANGES TO OF	Florida I	Departmen	nt of St	ste
TITLE NAME	P WILSON,	Aay 1, 2007 OFFICERS AND DIF	RECTORS	Trust Fund C	11. TITE	on.	P	Added to Fees	ANGES TO OF	Florida I	Departmen	ORS IN	10
TITLE NAME STREET ADDRESS	P WILSON, 1215 S. O	Aay 1, 2007 OFFICERS AND DIF MARCO TTO PT.	RECTORS	Trust Fund C	11. TITEL NAM STRE	on.	P AL 940	Added to Fees ADDITIONS/CHA GRUBM GRITCI	ANGES TO OF	FICERS A	ND DIRECT TO RO.	ORS IN	10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P WILSON, 1215 S. O INVERNE V HARTMAI 8686 MAF	MARCO OTTO PT. SS, FL 34450 N, LARRY	RECTORS	Trust Fund C	11. TITEL NAM STRE CITY TITLL NAM STRE	E E ET ADDRESS -ST-ZIP	P AL 940	Added to Fees ADDITIONS/CHA GRUBM GRITCI	ANGES TO OF	FICERS A	ND DIRECT MO RO LO RO LO CO	ORS IN Change	10 Addition
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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 accurage and that my signature shall have the same legal effect as it 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 the empowered.

SIGNATURE

IGNATURE AND PIPES OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

126/07 352-860-2262