
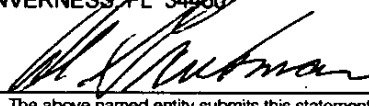
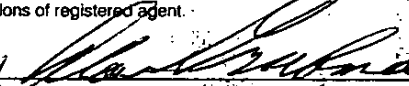
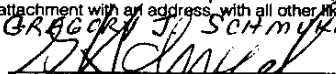


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90047 022 ****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 # 946 PRITCHARD ISLAND RD		3. Mailing Address Suite, Apt. #, etc.			
City & State INVERNESS FL		City & State		4. FEI Number 59-3124707	
Zip 34450		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional - Fee Required	
6. Name and Address of Current Registered Agent GRUBMAN, AL 946 PRITCHARD ISLAND RD INVERNESS, FL 34450 				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> ALAN GRUBMAN </div> <div> 4/17/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		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 GRUBMAN, AL 946 PRITCHARD ISLAND RD INVERNESS, FL 34450 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK HEATH 8655 S. LAKESHORE AVE. FLORAL CITY, FL 34446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	JERRY SCHNEIDER 1020 S. SUNFISH AVE INVERNESS, FL 34450 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	NORMAN PROVENCAL 3570 E. COVE PARK TRAIL HERNANDO, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MARCO 1215 S. OTTO PT INVERNESS, FL 34450 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				TREAS. 4/17/08 <small>Date</small>	
				352-860-2762 <small>Daytime Phone #</small>	