2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# N49108

Entity Name: TOO FAR, INC.

Current Principal Place of Business:

946 PRITCHARD ISLAND RD.
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2709
INVERSNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-3124707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRUBMAN, AL
946 PRITCHARD ISLAND RD
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GRUBMAN, AL	
Address:	946 PRITCHARD ISLAND RD	
City-St-Zip:	INVERNESS, FL 34450	
Title:	V	( ) Delete
Name:	HARTMAN, LARRY	
Address:	8686 MARVIN STREET	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	S	( ) Delete
Name:	BRADY, PAT	
Address:	1480 S. HOMESTEAD PL.	
City-St-Zip:	INVERNESS, FL 34450	
Title:	T	( ) Delete
Name:	SCHMUKAL, GREGORY	
Address:	4392 N. ARBOR SHORE TRAIL	
City-St-Zip:	HERNANDO, FL 34442	
Title:	D	( ) Delete
Name:	ADAMIC, BOB	
Address:	1613 CR 435	
City-St-Zip:	LAKE PANASOFFKEE, FL 33538	
Title:	D	( ) Delete
Name:	HEATH, FRANK	
Address:	8655 S. LAKESHORE PT.	
City-St-Zip:	FLORAL CITY, FL 34446	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY J. SCHMUKAL T 05/19/2009

Electronic Signature of Signing Officer or Director — Date