

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04-21-2008 90046 047 ****70.00

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1. Entity Name
THIRD WORLD, INC.



Principal Place of Business

**5430 S E 193RD TERR
HAWTHORNE, FL 32640**

Mailing Address

**5430 S E 193RD TERR
HAWTHORNE, FL 32640**

DO NOT WRITE IN THIS SPACE



04172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3206748

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAUFLER, RAY E
5430 S E 193RD TERR
HAWTHORNE, FL 32640**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAUFLER, EUGENE C
4611 NW 53RD AVE
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LESTER, SCOTT
HWY 20
HAWTHORNE, FL 32640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAUFLER, CHERYL
RT 3 BOX 24
HAWTHORNE, FL 32640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAUFLER, RAY E
5430 SE 193 TERR
HAWTHORNE, FL 32640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

4-17-2008