

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90002 002 \*\*\*\*61.25

**DOCUMENT # N94000001261**

1. Entity Name  
**CURRENT PROBLEMS, INC.**



Principal Place of Business  
**201 SE 2ND AVE  
SUITE 201  
GAINESVILLE, FL 32601 US**

Mailing Address  
**PO BOX 357098  
GAINESVILLE, FL 32635 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3255550**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLSON, FRITZI  
20810 NE 132 AVE  
WALDO, FL 32694**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete  
NAME **BUGDAL, BRUCE**  
STREET ADDRESS **1117 NW 35 AVE**  
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE **D** ☐ Delete  
NAME **HART, WANDA S**  
STREET ADDRESS **16807 NW 173RD TERR.**  
CITY-ST-ZIP **ALACHUA, FL**

TITLE **PD** ☐ Delete  
NAME **ROUNDTREE, DANIEL M**  
STREET ADDRESS **1205 N.E. 6TH TERRACE**  
CITY-ST-ZIP **GAINESVILLE, FL 326014413**

TITLE **TD** ☐ Delete  
NAME **WARD, THOMAS H**  
STREET ADDRESS **512 NE 7 ST**  
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **D** ☐ Delete  
NAME **BYERLY, MIKE**  
STREET ADDRESS **PO BOX 776**  
CITY-ST-ZIP **MICANOPY, FL 32667**

TITLE **D** ☒ Delete  
NAME **STEVENS, MICHAEL**  
STREET ADDRESS **23589 NW 19 TERR**  
CITY-ST-ZIP **BROOKER, FL 32622**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition  
NAME **Scott Jantz**  
STREET ADDRESS **6417 NW 53 Terr**  
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE **Director** ☐ Change ☒ Addition  
NAME **John H. Mayne**  
STREET ADDRESS **4322 SW 105 Dr**  
CITY-ST-ZIP **Gainesville FL 32608**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Marc Manchele**  
STREET ADDRESS **6826 NW 77 St**  
CITY-ST-ZIP **Gainesville FL 32606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 information.

**SIGNATURE** *Tom Waul* **Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-29-08 352-264-6827**