2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002615

Entity Name: CEEDCO, INC.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2310 TALL PINES DR. #220 LARGO, FL 33771 **New Mailing Address: Current Mailing Address:** 10500 ULMERTON RD SUITE 726, PMB 147 LARGO, FL 33771 FEI Number: 59-3245405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARKER, JAMES O III 2310 TALL PINES DR. SUITE 220 LARGO, FL 33771 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FORBES, JEFFORY FORBES, JEFFORY Name: Name: 2310 TALL PINES DRIVE, SUITE 220 Address: 611 66TH AVENUE SOUTH Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: ST PETERSBURG, FL 33705 Title: () Delete Title: (X) Change () Addition WILKINS, ANDREA Name: WILKINS, ANDREA Name: Address: 2310 TALL PINES DRIVE, SUITE 220 Address: 11397 WALSINGHAM RD City-St-Zip: LARGO, FL 33771 City-St-Zip: LARGO, FL 33778 Title: () Delete Title: (X) Change () Addition PARKER, JAMES O III SPILSBURY, MICHAEL Name: Name: 2310 TALL PINES DRIVE, SUITE 220 2310 TALL PINES DRIVE, SUITE 220 Address: Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: LARGO, FL 33771 Title: SD () Delete Title: D (X) Change () Addition Name: JOWELL, KIMBERLY Name: JOWELL, KIMBERLY D

Title: () Delete Title: P () Change (X) Addition Name: PARKER, JAMES O III
Address: Address: 2310 TALL PINES DRIVE #220
City-St-Zip: City-St-Zip: LARGO, FL 33771

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

692 SAMANTHA DRIVE

RUDD, ROSE A

LARGO, FL 33771

PALM HARBOR, FL 34683

2310 TALL PINES DRIVE #220

() Change (X) Addition

SIGNATURE: JAMES O. PARKER, III P 01/08/2008

2310 TALL PINES DRIVE, SUITE 220

() Delete

LARGO, FL 33771

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip: