2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000002895 -2008

1. Entity Nam

SONNY'S ADVERTISING FUND, INC.



Principal Place of Business

2605 MAITLAND CENTER PARKWAY

SUITE C

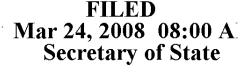
MAITLAND, FL 32751-7139

Mailing Address

2605 MAITLAND CENTER PARKWAY

SUITE C

MAITLAND, FL 32751-7139





DO NOT WRITE IN THIS SPACE

03172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3320890

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YARMUTH, ROBERT N 2605 MAITLAND CENTER PARKWAY SUITE C

DO NOT WRITE IN THIS SPACE

MAITLAND, FL 32751-7139			IN THIS STACE,				
				, w _a *		· •	in the training
	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	d office or registere	d agent, or both,	in the State of Flo	rida. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and to	tle il applicable (NOTE. Registered	i Agent signature required w	vhen reinstating)	<u> </u>	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan Trust Fund Contribution		00 May Be d to Fees			
10.	OFFICERS AND DIRECTORS			188 P. 18	+ 10 Cap (4 25)	. 4	e sagaran e
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARMUTH, ROBERT N 2605 MAITLAND CENTER PARKW MAITLAND, FL 327517139	AY, SUITE C	, , , , ,	and the same of			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARMUTH, JEFFREY 2605 MAITLAND CENTER PARKWAY, SUITE C MAITLAND, FL 327517139			e de la companya de La companya de la co		10868989 1-80029-01	23 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARMUTH, WILLIAM B 4000 WOODSTONE WAY LOUISVILLE, KY 40241			DO I	NOT W	RITE	1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			14 (14) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14) (14)	IN T	HIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			rajani da ja			

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JEFF RI

YARMUTH

3/17/08 407

407-660-8888

Daytime Phone #