2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000005339

1. Entity Name
SACK IT TO YOU, INC.

Principal Place of Business
3938 N.W. 53RD STREET
BOCA RATON, FL 33496

Mailing Address
3938 N.W. 53RD STREET
BOCA RATON, FL 33496

01042008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0783285
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARCUS, LARRY
3938 N.W. 53RD STREET
BOCA RATON, FL 33496

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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

U00000837204
03/04/08-80045-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARCUS, JOSHUA
STREET ADDRESS	3938 N.W. 53RD STREET
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	MARCUS, SHELLEY
STREET ADDRESS	3938 N.W. 53RD STREET
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	MARCUS, LARRY
STREET ADDRESS	3938 N.W. 53RD STREET
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Shelley Marcus SHELLEY MARCUS 2/19/08 (561) 998-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #