

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040804

Entity Name: 1 2 3 REGISTRATION, INC.

FILED  
Jul 08, 2008  
Secretary of State

## Current Principal Place of Business:

9302 FLORIDA PALM DRIVE  
TAMPA, FL 33619

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2600  
SARASOTA, FL 34230

## New Mailing Address:

252 JUNGLE WAY  
SARASOTA, FL 34243

FEI Number: 65-1001252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLVERTON, MICHAEL J  
252 JUNGLE WAY  
SARASOTA, FL 34243 US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WOLVERTON, MICHAEL J  
Address: PO BOX 2600  
City-St-Zip: SARASOTA, FL 34230

Title: VP ( ) Delete  
Name: WOLVERTON, JO ANN  
Address: PO BOX 2600  
City-St-Zip: SARASOTA, FL 34230

Title: T ( ) Delete  
Name: STUTZMAN, JUANITA  
Address: 8445 CYPRESS CIRCLE  
City-St-Zip: SARASOTA, FL 34234

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J WOLVERTON

P

07/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date