

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117355

Entity Name: SCRUBS BY DESIGN, INC.

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

6771 W. NEWBERRY RD.
GAINESVILLE, FL 32606

New Principal Place of Business:

6771 W. NEWBERRY RD.
GAINESVILLE, FL 32605

Current Mailing Address:

6771 W. NEWBERRY RD.
GAINESVILLE, FL 32606

New Mailing Address:

6771 W. NEWBERRY RD.
GAINESVILLE, FL 32605

FEI Number: 65-1064827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, DAVID G II
7231 NW 172ND ST
ALACHUA, FL 32615 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVPT () Delete
Name: ARMSTRONG, DAVID G II
Address: 6771 W. NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32606

Title: DPS () Delete
Name: ARMSTRONG, LINDY W
Address: 6771 W. NEWBERRY RD.
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LINDY ARMSTRONG

PRES

01/24/2008

Electronic Signature of Signing Officer or Director

Date