

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90033 012 \*\*\*150.00

40067246



<b>DOCUMENT # P01000008969</b> 1. Entity Name <b>POFFLAND ENTERPRISES, INC.</b>					
Principal Place of Business <del>14902 BONITA RD</del> <b>BONITA SPRINGS, FL 34135</b>			Mailing Address <b>411-5TH ST NW</b> <b>NAPLES, FL 34120</b>		
2. Principal Place of Business - No P.O. Box # <b>4851 GOLDEN GATE PKWY</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04102008    Chg-P    CR2E034 (12/06)	
City & State <b>NAPLES FL</b>		City & State		4. FEI Number <b>59-3695105</b>	
Zip <b>34116</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>POFF, SHERRY J</b> <b>411-5TH ST NW</b> <b>NAPLES, FL 34120</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POFF, SHERRY J 411-5TH ST NW NAPLES, FL 34120	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAND, BONITA L 411-5TH ST NW NAPLES, FL 34120	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 607, 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: <i>Bonita Lee Land</i> <b>BONITA LEE LAND</b>			Date: <b>4-11-08</b> Daytime Phone #: <b>2392625300</b>		