


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P01000058938 1. Entity Name SEARCH ENGINES 411, INC. |  |
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| Principal Place of Business 1012 MINNESOTA AVE LYNN HAVEN, FL 32444 | Mailing Address 1012 MINNESOTA AVE LYNN HAVEN, FL 32444 |
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DO NOT WRITE IN THIS SPACE



03162008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3724329 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MURPHY, SUSAN 1012 MINNESOTA AVE LYNN HAVEN, FL 32444 |
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**DO NOT WRITE
IN THIS SPACE**

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 renewing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MURPHY, SUSAN 1012 MINNESOTA AVE LYNN HAVEN, FL 32444 |
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04/09/08-80057-011-150.00

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IN THIS SPACE**

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: Susan Murphy 2/20/2008 850 271 3586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #