## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

FILED May 09, 2008 8:00 am Secretary of State

1. Entity Name	MEN   # P0100011; MILD TO WILD, INC.			05-09-2008	: 90004 040 ***	'150.C	00	
Principal Place of Business Mailing Address 2012 BLANDING BLVD. 2012 BLANDING BLV JACKSONVILLE, FL 32210 JACKSONVILLE, FL 3				40000	<b>U &amp; =</b>			
Principal Place of Business - No P.O. Box #     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (12	/06)	
City & State		City & State		4. FEI Numb 59-375	Number			
Zip	Country	Zip	Country	1 5. Certificate of Status Desired 1 1 Y			8.75 Additional ee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
								ſ
KALLINA, HENRY 2012 BLANDING BLVD JACKSONVILLE, FL 32210			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
SACROCITY LEEL, T. E. SEE TO								ļ
į				City FL Zip Code				
	named entity submits this statement for sof registered agent.	or the purpose of changing its	registered office or re-	gistered agent, or bo	th, in the State of F	Florida. I am familiar	with, ar	nd accept
the obligati	ons or registered agent.							
SIGNATURE_	Signisture, typed or printed name of registered ager	it and title if applicable (NOT	E. Registered Agent signature in	equired when reinstating)		DATE		
		_ <del></del>		·				
FILE NOW!!! FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Fine Trust Fund Contribution				\$5.00 May Be Added to Fees		with s. 607.193(2 d not receive the p		
10.	OFFICERS AND	11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P	☐ Delete	TITLE			☐ Ch	ange	Addition
NAME	KALLINA, CHARLOTTE		NAME					
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32221		STREET ADDRESS CITY - ST - ZIP					
TITLE	V	☐ Delete	TITLE			□ Ch	ange	Addition
NAME	KALLINA, RYAN	<u> </u>	NAME					
STREET ADDRESS	805 SHADY REACH DRIVE							
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY · \$1 - ZIP					
TITLE NAME	T BREWER, GERALD C	☐ Delete	TITLE NAME			☐ Ch	ange	Addition
STREET ADORESS	5159 TAN STREET		STREET ADDRESS					l
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP					
TITLE	S	☐ Delete	TITLE			☐ Ch	ange	☐ Addition
NAME	MCGONAGLE, JUNE A		NAME					
STREET ADDRESS CITY-ST-ZIP	5845 LESABRE ROAD JACKSONVILLE, FL 32244		STREET ADDRESS CITY-ST-ZIP					ì
TITLE	D	Delete	TITLE			Ch	ange	Addition
NAME	CADBY, KEVIN G	October 1	NAME					7.00
			STREET ADDRESS					
			CITY-ST-ZIP		<del> </del>			
TITLE		☐ Delete	TITLE			Ch	ange	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby c								

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

43008