

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052182

FILED  
Jun 24, 2008  
Secretary of State

Entity Name: A PERFECT MIX OF CENTRAL FLORIDA, INC.

## Current Principal Place of Business:

1442 SEMORAN BLVD  
# 1028  
CASSELBERRY, FL 32707

## New Principal Place of Business:

## Current Mailing Address:

1442 SEMORAN BLVD  
# 1028  
CASSELBERRY, FL 32707

## New Mailing Address:

FEI Number: 02-0632918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DVORES, HARRIS N  
5141 GARLANGER TRAIL  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

SHAW, ROB L  
1442 SR 436 #1028  
CASSELBERRY, FL 32707 US

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: ROB SHAW

06/24/2008

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: MS ( ) Delete  
Name: SEFEROS, JACKIE A  
Address: 1195 HWY A1A  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SHAW, SAMANTHA L  
Address: 5604 LA MOYA AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Change (X) Addition  
Name: SHAW, ROB L  
Address: 5604 LA MOYA AVE  
City-St-Zip: JACKSONVILLE, FL 32210

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: ROB SHAW

VP

06/24/2008

Electronic Signature of Signing Officer or Director

Date