

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000123061	
1. Entity Name THIS & THAT, INC.	

Principal Place of Business 521 WEKIVA COVE ROAD LONGWOOD FL 32779	Mailing Address 522 HUNT CLUB BLVD. PMB 411 APOPKA FL 32703
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 81-0581301	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRUBENBACH, KAREN L 521 WEKIVA COVE RD. LONGWOOD FL 32779
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____ DATE _____
Signature typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent's signature required when not a filer.)

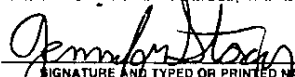
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	STACY, JENNIFER
STREET ADDRESS	521 WEKIVA COVE RD.
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	V ☐ Delete
NAME	STACY-CZACHOWSKI, KELLY
STREET ADDRESS	4314 ROK HILL LOOP
CITY-ST-ZIP	APOPKA FL 32712
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	U00000935597
STREET ADDRESS	05/23/08-80079-017 150.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4/24/08 407-786-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR