

2008 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000022055

1. Entity Name
VOODOO INVESTMENTS, INC.



Principal Place of Business

901 EUCLID AVENUE
ORLANDO, FL 32806

Mailing Address

901 EUCLID AVENUE
ORLANDO, FL 32806



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2104017	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BURZEE, PHILLIS T
901 EUCLID AVENUE
ORLANDO, FL 32806

**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 reinstating)

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

0000000812565
02/12/08-80054-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURZEE, PHYLIS T
STREET ADDRESS	901 EUCLID AVENUE
CITY-ST-ZIP	ORLANDO, FL 32806

TITLE	D
NAME	FLYNN, WARREN F
STREET ADDRESS	2511 BAYFRONT PARKWAY
CITY-ST-ZIP	ORLANDO, FL 32806

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

PHYLIS T. BURZEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/08 407 841-9171
Date Daytime Phone #