

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90112 036 \*\*\*150.00

<b>DOCUMENT # P03000080563</b> 1. Entity Name <b>SISTER-SISTER INC</b>					
Principal Place of Business <b>3941 S. PLEASANT GROVE RD INVERNESS, FL 34452</b>			Mailing Address <b>3941 S. PLEASANT GROVE RD INVERNESS, FL 34452</b>		
2. Principal Place of Business - No P.O. Box # <b>5441 S OLDFIELD AVE</b>		3. Mailing Address <b>5441 S OLDFIELD AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>HOMOSASSA FL</b>		City & State <b>HOMOSASSA FL</b>		4. FEI Number <b>33-1065800</b>	
Zip <b>34446</b>		Country <b>CITRUS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOORE, ANITA L 3775 E SANDERS ST INVERNESS, FL 34453</b>		7. Name and Address of New Registered Agent Name <b>Theresa A. Herrin</b> Street Address (P.O. Box Number is Not Acceptable) <b>5441 S. Oldfield Ave.</b> <b>Homosassa Fl</b> City <b>FL</b> Zip Code <b>34446</b>			
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 <u>Theresa Herrin</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MOORE, ANITA L 3775 E SANDERS ST INVERNESS, FL 34453</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HERRIN, THERESA A 5441 S OLDFIELD AVE HOMOSASSA, FL 34446</b>	<input type="checkbox"/> Delete			
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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: <u>Theresa Herrin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-15-08 382-302-8724 <small>Date Daytime Phone #</small>		

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03222008 Chg-P CR2E034 (12/06)

4. FEI Number  
33-1065800  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MOORE, ANITA L  
3775 E SANDERS ST  
INVERNESS, FL 34453

## 7. Name and Address of New Registered Agent

Name  
Theresa A. Herrin  
Street Address (P.O. Box Number is Not Acceptable)  
5441 S. Oldfield Ave.  
Homosassa Fl  
City  
FL Zip Code  
34446

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SIGNATURE Theresa Herrin

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

## 10. OFFICERS AND DIRECTORS

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: Theresa Herrin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08 382-302-8724  
Date Daytime Phone #