2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90112 046 ***150.00

DOCUMENT # **P03000111348**

1. Entity Name
E-LIMB-INATORS, INC.

Principal Place of Business	Mailing Address
21653 W. SHEKINAH PLACE O'BRIEN FL 32071	21653 W. SHEKINAH PLACE O'BRIEN FL 32071

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
9351 - 220th Street		9351 - 220th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: O'Brien, FL		City & State: O'Brien, FL	
Zip: 32071	Country: USA	Zip: 32071	Country: USA

4. FEI Number 75-3132149 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERRY, MILLICENT D
21653 W. SHEKINAH PLACE
O'BRIEN FL 32071

7. Name and Address of New Registered Agent

Name: Millicent D. Perry
Street Address (P.O. Box Number is Not Acceptable): 9351 - 220th Street
City: O'Brien FL Zip Code: 32071

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] Millicent D. Perry 02/01/08
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	HUDSON, GLENDA		NAME	Glenda S. Hudson	
STREET ADDRESS	21653 W. SHEKINAH PLACE		STREET ADDRESS	9351 - 220th Street	
CITY-ST-ZIP	O'BRIEN FL 32071		CITY-ST-ZIP	O'Brien, FL 32071	
TITLE	VP	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	HUDSON, JOHN K		NAME	John K. Hudson	
STREET ADDRESS	21653 W SHEKINAH PL		STREET ADDRESS	9351 - 220th Street	
CITY-ST-ZIP	O BRIEN FL 32071		CITY-ST-ZIP	O'Brien, FL 32071	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] John K. Hudson - V.Pres. 02/01/08 386-935-1993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #