2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000122312

1. Entity Name
FERRELL'S, INC.

Principal Place of Business	Mailing Address
114 SW SUWANNEE AVE BRANFORD, FL 32008	PO BOX 550 BRANFORD, FL 32008

DO NOT WRITE IN THIS SPACE

04022008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0418997	Not Applicable

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

6. Name and Address of Current Registered Agent

BLOW, III, GEORGE W ESQ
106 WHITE AVE, STE C
LIVE OAK, FL 32064

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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

U0000089123
04/21/08-80007-022 150.00

10.   OFFICERS AND DIRECTORS

TITLE	SD
NAME	SULLIVAN, FERRELL
STREET ADDRESS	P.O. BOX 550
CITY-ST-ZIP	BRANFORD, FL 32008
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Ferrell Sullivan Ferrell Sullivan_   4-5-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #