

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # P03000131412

1. Entity Name
SCRUBS 4 U, INC.



Principal Place of Business
**3333 SO. ORANGE AVENUE
SUITE 104
ORLANDO, FL 32806**

Mailing Address
**3333 SO. ORANGE AVENUE
SUITE 104
ORLANDO, FL 32806**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number **35-2219398** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GERBIG, RAMONA D
14734 BRADDOCK OAK DR
ORLANDO, FL 32837**

**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 *hla* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000667925
03/27/07-80009-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	GERBIG, RAMONA D
STREET ADDRESS	14734 BRADDOCK OAK DR
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VTD
NAME	GERES, KATHY
STREET ADDRESS	3012 CRYSTAL CREEK BLVD.
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: *Ramona D. Gerbig* President 1-8-07 407-850-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/tn Phone #

Ramona D. Gerbig