

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90023 036 ***150.00

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**

40012833



2. Principal Place of Business - No P.O. Box #
3139 SO. ORANGE

3. Mailing Address
3139 SO. ORANGE AVENUE

Suite, Apt. #, etc. **AVENUE**

Suite, Apt. #, etc.

01172008

Chg-P

CR2E034 (12/06)

City & State
ORLANDO FL.

City & State
ORLANDO, FL.

4. FEI Number
35-2219398

Applied For
Not Applicable

Zip
32806

Country
ORANGE

Zip
32806

Country
ORANGE

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
GERBIG, RAMONA D
14734 BRADDOCK OAK DR
ORLANDO, FL 32837** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
GERES, KATHY
3012 CRYSTAL CREEK BLVD.
ORLANDO, FL 32837** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAMONA D. GERBIG
PRESIDENT**

1-17-08

407-350-1003

Date

Daytime Phone #