

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000132804

1. Entity Name
HE AIN'T HERE, INC.



Principal Place of Business
**759 S. FEDERAL HWY, SUITE 311
STUART, FL 34994**

Mailing Address
**759 S. FEDERAL HWY, SUITE 311
STUART, FL 34994**



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0419510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOSSACK, MARY U
759 S. FEDERAL HWY.
SUITE 311
STUART, FL 34994**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	KOSSACK, EDGAR W
STREET ADDRESS	759 S. FEDERAL HWY, SUITE 311
CITY-ST-ZIP	STUART, FL 34994

TITLE	ST
NAME	KOSSACK, MARY U
STREET ADDRESS	759 S. FEDERAL HWY, SUITE 311
CITY-ST-ZIP	STUART, FL 34994

TITLE	
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05/29/08-80095-023 150.00

**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:

Mary U. Kossack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/08 772-463-2526