2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 19, 2008 8:00 am Secretary of State DOCUMENT # P03000140095 08-19-2008 90003 002 ***150.00 OCEAN POND MUDD BOGG & OFF ROAD PARK, INC. Principal Place of Business Mailing Address 15803 OAK GLEN WAY 15803 OAK GLEN WAY 40113849 US TAVARES, FL 32778 TAVARES, FL 32778 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 24851 ADAIR AVE. 24851 ADAIR AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. 08122008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FE! Number SORRENTO, FL 20-0441092 SORRENTO, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 32776-7817 USA 32776-7817 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EASIMAN, NORMAN D. EASTMAN, NORMAN D Street Address (P.O. Box Number is Not Acceptable) 24851 ADATR AVE. 15803 OAK GLEN WAY TAVARES, FL 32778 SORREM 5. 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 egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Added to Fees Due by September 12, 2008 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO Defete ☐ Addition TITLE TITLE Change EASTMAN, NORMAN D CEO NAME NAME STREET ADDRESS 24851 ADAIR AVE STREET ADDRESS CITY-ST-ZIE SORRENTO, FL 32776 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 coordinate to the corporation of the corporation changed, or on an attachmen

Norman D. Eastman

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #