

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146526

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: THE 124 BUILDING, INC.

**Current Principal Place of Business:**

124 TONEY PENNA DR  
JUPITER, FL 33452

**New Principal Place of Business:**

**Current Mailing Address:**

13674 S. W. FOUR WOOD WAY  
INDIANTOWN, FL 349563623

**New Mailing Address:**

FEI Number: 86-1092993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRITTON, MARY L  
13674 SW FOUR WOOD WAY  
INDIANTOWN, FL 349563623 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DODDS, JAMES H  
Address: 13674 SW FOUR WOOD WAY  
City-St-Zip: INDIANTOWN, FL 349563623

Title: D ( ) Delete  
Name: DODDS, CHARLES R  
Address: 12915 SE C.R. 234  
City-St-Zip: MICANOPY, FL 32667

Title: D ( ) Delete  
Name: DODDS, STEPHAN A  
Address: 8019 SW 95 ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: HICKS, MARLENE D  
Address: 16201 NE HWY 301  
City-St-Zip: WALDO, FL 32694

Title: D ( ) Delete  
Name: BRITTON, MARY L  
Address: 13674 SW FOUR WOOD WAY  
City-St-Zip: INDIANTOWN, FL 349563623

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY L STEPHENSON

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date