

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016106

Entity Name: SQUAREFACTOR, INC.

FILED  
Apr 24, 2008  
Secretary of State

## Current Principal Place of Business:

114 WEST FIRST STREET  
232  
SANFORD, FL 32771

## Current Mailing Address:

114 WEST FIRST STREET  
232  
SANFORD, FL 32771

## New Principal Place of Business:

114 WEST FIRST STREET  
240  
SANFORD, FL 32771

## New Mailing Address:

114 WEST FIRST STREET  
240  
SANFORD, FL 32771

FEI Number: 20-0621472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EVANS, WILLIAM S  
1820 LAKESHORE CIRCLE  
LONGWOOD, FL 32750 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, P ( ) Delete  
Name: EVANS, WILLIAM S  
Address: 1820 LAKESHORE CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

Title: D,VP ( ) Delete  
Name: MAKINSON, SHAWN P  
Address: 1208 BENT OAK TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D,S, ( ) Delete  
Name: HARTMAN, SEAN E  
Address: 1405 E. HARDING STREET  
City-St-Zip: ORLANDO, FL 32801

## 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:

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: WILLIAM EVANS

CEO

04/24/2008

Electronic Signature of Signing Officer or Director

Date