2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2008 8:00 am Secretary of State

03-18-2008 90022 041 ***150.00

ANNUAL REPORT	
OOCUMENT # P04000074500	200

1. Entity Name RISING COVEY, INC. 40048353 Principal Place of Business Mailing Address P.O. BOX 22098 3901 - 16TH ST. NORTH ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33742-2098 3. Mailing Address 2. Principal Place of Business 5803 QUEEN BALM TERNE 5103 QUEEN PAL 01092008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 20-1100052 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUNNINGHAM, STEPHEN T 3901 - 16TH ST. NORTH ST. PETERSBURG, FL 33703 PETERS BURG-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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CUNDINGIAM, STEPHEN T TO 5703 QUEEN PALM TER. N.E. D ☐ Defete TITLE HTLE CUNNINGHAM, STEPHEN T NAME NAME STREET ADDRESS 3901 - 16TH ST. NORTH STREET ADDRESS STRETERS BURG, FL 33703 CITY-ST-ZIP ST. PETERSBURG, FL 33703 CITY-ST-ZIP **Change** D ☐ Delete TITLE Addition TITLE REDER, MARK J 2981 CIELD CIRCLE REDER, MARK J NAME NAME STREET ADDRESS STREET ADDRESS 3901 - 16TH ST. NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG, FL 33703 LEARWATER 33759 Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

TITLE

STREET ADDRESS

CITY-ST-ZIP

Stephen T Curringlam, Onact

Delete

3 /W/ 08

727.522.77774/12

Addition

Change