2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State 04-09-2008 90035 020 ***150.00

1. Entity Nam BAD ASS	ne	# P0400008 ST, INC.	1742				04-05-2000		20 13	0.00
Principal Plac	e of Busines	s	Mailing Address		·					
4606 SHIRLEY AVENUE JACKSONVILLE, FL 32210		4606 SHIRLEY AVENUE JACKSONVILLE, FL 32210			,					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03232008	Chg-P	CR2E	034 (12/06)	ł	
City & State		City & State			4. FEI Numb 20-115				pplied For lot Applicable	
Zip	Zip Country		Zip Coun		ry	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered	Agent	
GILL CYN	ITHIA E		•		Name					
GILL, CYNTHIA E 4606 SHIRLEY AVENUE JACKSONVILLE, FL 32210					Street Address	(P.O. Box Numb	er is Not Acceptable	e)		
				ļ	City		 _	FL	Zip Coo	de
	named enti: tions of regist		or the purpose of changing its	registere	ed office or registe	ered agent, or bo	oth, in the State of Flo	orida. I am	familiar with	, and accept
SIGNATURE	Signature, type i	or printed name of registered agent	and title diapplicable. (NOT	E Registeret	l Agent signature require	d when reinstating)	·····	DATE		
		FEE IS \$150.00 8 Fee will be \$550.	9. Election Campa Trust Fund Cont			5.00 May Be ded to Fees				
			OO Trust Fund Con			ded to Fees	/CHANGES TO OFF	ICERS AN	D DIRECTOR	IS IN 11
After Ma		8 Fee will be \$550.	OO Trust Fund Con	tribution.	Add	ded to Fees	/CHANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 11
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intricated 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 federiver or true are 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.