

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90123 001 ***300.00

DOCUMENT # P04000094386

1. Entity Name
GROOVY CHICK PRODUCTIONS, INC.



Principal Place of Business
**725 SOUTH NOVA RD. #169
ORMOND BEACH, FL 32174**

Mailing Address
**725 SOUTH NOVA RD. #169
ORMOND BEACH, FL 32174**

66001517



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P O Box 730955

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222008

Chg-P

CR2E034 (12/06)

City & State

City & State

Ormond Beach FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

32173

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAY, JANIE M
725 SOUTH NOVA RD. #169
ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent

Name

RAY, J.M.

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**- FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
RAY, JANIE M
725 SOUTH NOVA RD. #169
ORMOND BEACH, FL 32174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
RAY, J.M.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: *Janie M. Ray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 23 2008

Date

Daytime Phone #

**386
6728088**