2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000134562

1. Entity Name
ARE YOU THERE YET, INC.

FILED May 19, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

PO BOX 544

FLORAHOME, FL 32140

PO BOX 544 FLORAHOME, FL 32140



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE 05132008

4. FEI Number
20-1641598

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, LINDA N 116 BUCKSKIN DR FLORAHOME, FL 32140

DO NOT WRITE IN THIS SPACE

No Chg-P

| | named entity submits this statement for the ions of registered agent. | e purpose of changing its registere | ed office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept U00000951574 |
|--|---|-------------------------------------|-------------------------------|--------------------------------|--|
| SIGNATURE_ | Signature, typed or printed name of registered agent and M | (no Language) (MOIE, Pagellan | d & | e required when reinstating) | 06/04/08-80042-004 150.00 |
| | Signature, typed or printed name of registered agent and of | ile it applicable. (NOTE: Registere | u Ageni signature | required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign F Due by September 12, 2008 Trust Fund Contribution | | | icing | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. OFFICERS AND DIRECTORS | | | | | <u> </u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HALL, LINDA N 116 BUCKSKIN DR FLORAHOME, FL 32140 | | , | · | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS | | | | | • |

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

5/14/08 386-659-24 Daytone Phone #