
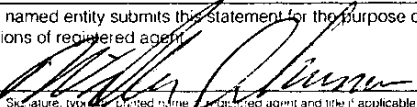
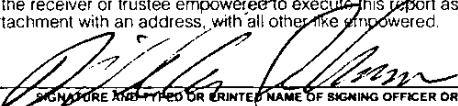


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-09-2008 90001 019 ***150.00
08-25-2008 90001 030 ***150.00

| | | | |
|--|---|--|--|
| DOCUMENT # P05000008557 | |  | |
| 1. Entity Name QUICK RED FOX OF CLEARWATER INC. | | | |
| Principal Place of Business 2140 DREW ST. CLEARWATER, FL 33764 | | Mailing Address 2140 DREW ST. CLEARWATER, FL 33764 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 1101 Sunnydale Dr. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Clearwater FL | |
| Zip | Country | Zip | Country |
| 33755 | USA | 33755 | USA |
| 6. Name and Address of Current Registered Agent ACKERMAN, WILLIAM 2140 DREW ST. CLEARWATER, FL 33764 | | 7. Name and Address of New Registered Agent Name: William Acherman Street Address (P.O. Box Number if Not Acceptable): 1101 Sunnydale Dr. City: Clearwater FL Zip Code: 33755 | |
| 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:  | | DATE: 8/18/08 | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ACKERMAN, WILLIAM 2140 DREW ST. CLEARWATER, FL 33764 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1101 Sunnydale Dr. Clearwater FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | DATE: 8/18/08 727-560-5547 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

40114133



08062008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3426288 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required