

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90061 033 ***158.75

DOCUMENT # P05000030047 1. Entity Name THE CHOICES PROGRAMS ORGANIZATION CORPORATION			
Principal Place of Business 5108 FOX QUARRY LANE SANFORD, FL 32773		Mailing Address 5108 FOX QUARRY LANE SANFORD, FL 32773	
2. Principal Place of Business - No P.O. Box # 6368 Epping Ct Suite, Apt. #, etc.		3. Mailing Address 6368 Epping Ct Suite, Apt. #, etc.	
City & State Sanford FL Zip 32771		City & State Sanford FL Zip 32771	
4. FEI Number 76-0815205		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02012008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent THOMAS, SHANNON 5108 FOX QUARRY LANE SANFORD, FL 32773		7. Name and Address of New Registered Agent Name Shannon Thomas Street Address (P.O. Box Number is Not Acceptable) 6368 Epping Ct City Sanford FL Zip Code 32771	
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 <small>Signature, typed or printed name of registered agent and not applicable.</small>		DATE 2/1/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, SHANNON 5108 FOX QUARRY LN SANFORD, FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Shannon Thomas 6368 Epping Ct Sanford FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, CHARVELLE 5108 FOX QUARRY LANE SANFORD, FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Charvelle Thomas 6368 Epping Ct Sanford FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 2/1/08 Daytime Phone #	