

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90005 047 ***150.00

DOCUMENT # P05000044831

1. Entity Name
NO STRESS, INCORPORATED



Principal Place of Business
**7812 HUNTER'S GROVE RD
JACKSONVILLE, FL 32256**

Mailing Address
**7812 HUNTER'S GROVE RD
JACKSONVILLE, FL 32256**

DO NOT WRITE IN THIS SPACE



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2581381

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEARS, M. ANN
6160 N. DAVIS HWY
SUITE 8
PENSACOLA, FL 32504**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 12, 2008**

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
**DP
LARSEN, JOSEPH B P
7812 HUNTERS GROVE RD
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 July 08
Date

904 620-8384
Daytime Phone #



ATTACHMENT

Ann Sears, P.A. ^{600 45204}
P05000044831
6160 N. Davis Highway, Suite 8 Pensacola, FL 32504 (850) 476-1040

July 16, 2008

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: No Stress, Incorporated

Dear Sir or Madam:

Enclosed please find the 2008 Annual Report for No Stress, Incorporated (Document Number P05000044831). Mr. Joseph Larsen has been serving with the Department of Homeland Security and, for that reason, has not been in a place that he could receive his mail. He requests that you accept the May 1, 2008 fee of \$150.00 due to the fact that he had not received the annual report prior to his returning home in July. For this reason, he has enclosed \$150.00.

If anything else is needed, please do not hesitate to contact us.

Sincerely,

Ann Sears
Ann Sears, P.A.

cc: Joseph Larsen