

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000084206

1. Entity Name

PI: DOWNLOAD, INC.



Principal Place of Business

9371 CYPRESS LAKE DR
SUITE 11
FORT MYERS, FL 33919 US

Mailing Address

9371 CYPRESS LAKE DR
SUITE 11
FORT MYERS, FL 33919 US



04262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2981908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRITTENDEN-TRASK, KIMBERLEA
3963 EDGEWOOD AVENUE
FORT MYERS, FL 33916

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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 \$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

1100000933808
05/23/08-80006-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CRITTENDEN-TRASK, KIMBERLEA
STREET ADDRESS	3963 EDGEWOOD AVENUE
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	VP
NAME	CRITTENDEN, JUSTIN D
STREET ADDRESS	3963 EDGEWOOD AVENUE
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Kimberlea Crittenden-Trask KIMBERLEA CRITTENDEN-TRASK

4/25/2008

239.267.1582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #