

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084910

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: SOGGY DOLLARS OF AMELIA ISLAND, INC.

## Current Principal Place of Business:

464006 S.R. 200  
YULEE, FL 32097

## New Principal Place of Business:

## Current Mailing Address:

95269 MACKINAS CIR.  
AMELIA ISLAND, FL 32034

## New Mailing Address:

464006 S.R. 200  
YULEE, FL 32097

FEI Number: 16-1726711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, PATRICIA S  
95269 MACKINAS CIR.  
AMELIA ISLAND, FL 32034 US

## Name and Address of New Registered Agent:

ADAMS, PATRICIA S  
464006 SR 200  
YULEE, FL 32097 US

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.

SIGNATURE: PATRICIA S. ADAMS

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ADAMS, PATRICIA S MS  
Address: 95269 MACKINAS CIRCLE  
City-St-Zip: AMELIA ISLAND, FL 32034 US

Title: V ( ) Delete  
Name: ADAMS, SCOTT V MR  
Address: 95269 MACKINAS CIRCLE  
City-St-Zip: AMELIA ISLAND, FL 32034 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ADAMS, PATRICIA S MS  
Address: 464006 SR 200  
City-St-Zip: YULEE, FL 32097 US

Title: V (X) Change ( ) Addition  
Name: ADAMS, SCOTT V MR  
Address: 464006 SR 200  
City-St-Zip: YULEE, FL 32097 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA S. ADAMS

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date