

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000105531**

1. Entity Name  
THE EXODUS FINANCIAL GROUP INC.



Principal Place of Business  
305 THEO PHILO MANSUR CT.  
KISSIMMEE, FL 34743

Mailing Address  
305 THEO PHILO MANSUR CT.  
KISSIMMEE, FL 34743



05052008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-3183029

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GIPSON, JOSHUA E  
305 THEO PHILO MANSUR CT.  
KISSIMMEE, FL 34743

**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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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**

TITLE P  
NAME GIPSON, JOSHUA E  
STREET ADDRESS 305 THEO PHILO MANSUR CT.  
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE VP  
NAME GIPSON, JENNIFER L  
STREET ADDRESS 305 THEO PHILO MANSUR CT.  
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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CITY-ST-ZIP

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07/28/08-80005-005 158.75

**DO NOT WRITE  
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

June 6 2008 407-348-7760  
Date Daytime Phone #