20- 13



2008 FOR PROFIT CORPORATION

ANNUAL REPORT

Principal Place of Business Mailing Address 2113 OLEANDER PLACE 2113 OLEANDER PLACE NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 32266 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Jun 27, $\overline{2008}$ 8:00 am **Secretary of State**

06-27-2008 90002 007 ***150.00 DOCUMENT # P05000153722 1. Entity Name **BRIAN GURR INC** 50007607 CR2E034 (12/06) 05232008 Chg-P 4. FEI Number Applied For City & State City & State 20-3812409 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent rianae **GURR, BRIAN** Street Address (P.O. Box Number is Not Acceptable) 2113 OLEANDER PLACE NEPTUNE BEACH, FL 32266 Zip Code 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. 6-24-08 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the \Box Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Addition TITLE ☐ Delete TITLE Change GURR, BRIAN'. NAME NAME 2113 OLEANDER PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH, FL 32266 CITY-ST-ZIP Delete Сhange ■ Addition TITLE TITLE NAME **GURR, HEATHER** NAME 2113 OLEANDER PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH, FL 32266 CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change GURR, BRIAN NAME NAME 2113 OLEANDER PLACE STREET ADDRESS STREET ADDRESS CHY-SI-ZIP NEPTUNE BEACH FL 32266 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: