

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 08:00 A
Secretary of State

DOCUMENT # P05000164779	
1. Entity Name FAMEQUITY, INC.	

Principal Place of Business 5530 NW 31ST TERRACE GAINESVILLE FL 32653	Mailing Address 5530 NW 31ST TERRACE GAINESVILLE FL 32653
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 20-4011256	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEYENDECKER, JEROME C 5530 NW 31ST TERRACE GAINESVILLE FL 32653	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.

SIGNATURE _____
Signature, typed or printed name of registered agent (use this space). (NOTE: Registered Agent signature required when filing change) DATE _____

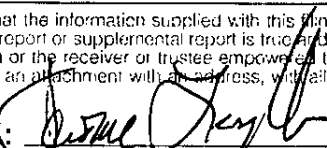
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	☐ Delete
P LEYENDECKER, JEROME C 5530 NW 31ST TERRACE GAINESVILLE FL 32653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VPST LETENDECKER, CALAN 130 HOWSONS ROAD RANGIORA, NEW ZEALAND 8254	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D LEYENDECKER, DANNYN 6635 NW 39TH ST MIAMI FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D LEYENDECKER, BRENNAN 5530 NW 31 TERRACE GAINESVILLE FL 32653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, without other like empowered.

SIGNATURE:  **LEYENDECKER, JEROME C.** **4-15-08** **352 271-1106**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR