

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90011 021 ***150.00

DOCUMENT # P06000030396

1. Entity Name

S & S WHITETAIL GALORE INC



Principal Place of Business

PO BOX 506
LAKE BUTLER FL 32054

Mailing Address

PO BOX 506
LAKE BUTLER FL 32054



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
27-0138297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EMERY, CARITA S~~ *Cassandra Driggers*
9678 SW STATE ROAD 121
LAKE BUTLER FL 32054

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 and the principal.

(NOTE: Registered Agent signature required when substituting)

DATE

Carmita Driggers *Cassandra Driggers* *4-22-08*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SHADD, JOHN L	
STREET ADDRESS	PO BOX 506	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAGE, BILLY J JR	
STREET ADDRESS	PO BOX 506	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carita Emery *Carita Emery* *4-22-08*

Date

Daytime Phone #