2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State
04-18-2008 90030 042 ***158.75

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1. Entity Name
READY TO SELL, INC.

Principal Place of Business	Mailing Address
440 S. PERRY STREET LAWRENCEVILLE GA 30045	440 S. PERRY STREET LAWRENCEVILLE GA 30045

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8271 Gulf Blvd	Same
Suite, Apt. #, etc.: Unit 803	Suite, Apt. #, etc.
City & State: Navarre Beach, Fl	City & State
Zip: 32566 Country: Santa Rosa	Zip Country

4. FEI Number 53-2374883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOCHGERTLE, DEBRA K
8271 GULF BLVD.
UNIT 803
NAVARRE BEACH FL 32566

7. Name and Address of New Registered Agent

Name: Craig Knox c/o Andrews, Crabtree Knox & Andrews LLP
Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box~~ 1558 Village Square Blvd
City: Tallahassee FL Zip Code 32317-2800

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 Debra K. Hochgertle April 1, 2008
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOCHGERTLE, DEBRA K		NAME	
STREET ADDRESS	810 MILLVALE PLACE		STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE GA 30044		CITY-ST-ZIP	
TITLE	PEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOCHGERTLE, KENT A		NAME	
STREET ADDRESS	810 MILLVALE PLACE		STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE GA 30044		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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	TITLE	☐ Change ☐ Addition
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	

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: Debra K. Hochgertle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #