## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P06000058545

SOGGY DOLLAR INVESTMENTS OF NORTHWEST FLORIDA, INC.



**FILED** 

Jun 10, 2008 8:00 am Secretary of State

06-10-2008 90002 040 \*\*\*150.00

Principal Place				<del>_</del>			
rancipa riaci	e of Business	Mailing Address		4010.	U A -		
1610 TENNESSEE AVE. 1610 TENNESSEE AVE.							
		LYNN HAVEN, FL 32444					
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		T					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Ave 170 Tennesse Ave				e	<b>                                   </b>	BIBI BIJII BIBSI BIBIRDA ILABA	
Suite, Apt. #, etc. Suite, Apt. #, etc.			•	1	Char D CD2E	224 (42(06)	
Suite 200		Suite 200		05282008	<u> </u>	034 (12/06)	
City & State	Haven, FL	Lynn Have	n, FL	4. FEI Numb - 20-475		Applied For Not Applicable	
Zip ろつい	144 Country A	Zib 32444	Country A	5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
<i></i>	6 Name and Address of Current F		<u> </u>	7 Name and	Address of New Registered	<u>;</u>	
6. Name and Address of Current Registered Agent				ame			
TILLMAN, JEFF							
1610 TENNESSEE AVE 1701 Tennessee Ave			Street Address (P.O. Box Number is Not Acceptable)				
LYNN HAVEN, FL 32444 Suite 200							
	3 4	200					
			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.							
	94						
SIGNATURE_	Signature, typed or printed name of registered agent a	ad title if goodsearte (MOTE D	noistaned Appet sizes!	re required when reinstating)	DATE		
	Signature, typed or printed name or registered agent a	nd the Pappicadie. (NOTE: N	egistereo Agent signatu	re required when reinstating)	DATE		
. EII	LE NOW!!! FEE IS \$150.00	9. Election Campaign	Financino	\$5.00 May Be	In accordance with s. 607	7 103/2\/h\ E.S. the	
	ue by September 12, 2008	Trust Fund Contrib	· -	Added to Fees	corporation did not receiv		
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10.	OFFICERS AND I		11,	ADDITIONS	CHANGES TO OFFICERS AN		
TITLE	P .	DIRECTORS  Delete	TITLE			☐ Change ☐ Addition	
TITLE:	P Z		TITLE NAME			☐ Change ☐ Addition	
TITLE: NAME STREET ADDRESS	P TILLMAN, JEEF <del>1010 TENNIESSEE AVE</del>		TITLE NAME STREET ADDRESS		changes to officers and	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	P TILLMAN, JEFF 4010 TÉNNESCEE AVE LYNN HAVEN, FL 32444	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ change □ Addition ~ 200	
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

850748-3600