
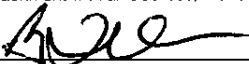


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

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

<b>DOCUMENT # P06000058545</b> 1. Entity Name <b>SOGGY DOLLAR INVESTMENTS OF NORTHWEST FLORIDA, INC.</b>					
Principal Place of Business <b>1610 TENNESSEE AVE. LYNN HAVEN, FL 32444</b>			Mailing Address <b>1610 TENNESSEE AVE. LYNN HAVEN, FL 32444</b>		
2. Principal Place of Business - No P.O. Box # <b>1701 Tennessee Ave</b>		3. Mailing Address <b>1701 Tennessee Ave</b>			
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>			
City & State <b>Lynn Haven, FL</b>		City & State <b>Lynn Haven, FL</b>			
Zip <b>32444</b>		Country <b>USA</b>		4. FEI Number <b>20-4750950</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>TILLMAN, JEFF</b> <del>1610 TENNESSEE AVE</del> <b>1701 Tennessee Ave</b> <b>LYNN HAVEN, FL 32444</b> <b>Suite 200</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TILLMAN, JEFF <del>1610 TENNESSEE AVE</del> LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1701 Tennessee Ave Suite 200</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEWART, JACK D JR <del>1610 TENNESSEE AVE</del> LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1701 Tennessee Ave Suite 200</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TILLMAN, BECKY <del>1610 TENNESSEE AVE</del> LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1701 Tennessee Ave Suite 200</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEWART, KAREN L <del>1610 TENNESSEE AVE</del> LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1701 Tennessee Ave Suite 200</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>Becky Tillman</b>			Date <b>6-9-08</b> Daytime Phone # <b>850 248-3600</b>		