

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000084261

Entity Name: FHILLYBOYZ INC.

FILED  
Sep 18, 2008  
Secretary of State

## Current Principal Place of Business:

5890 US HWY. 1  
GRANT, FL 32949 US

## New Principal Place of Business:

## Current Mailing Address:

5890 US HWY. 1  
GRANT, FL 32949 US

## New Mailing Address:

FEI Number: 20-5102780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICOLO, MARIO J  
414 BAREFOOT BLVD.  
BAREFOOT BAY, FL 32976 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NICOLO, MARIO J  
Address: 5890 US HWY. 1  
City-St-Zip: GRANT, FL 32949 US

Title: S ( ) Delete  
Name: NICOLO, SEBASTIAN W  
Address: 5890 US HWY. 1  
City-St-Zip: GRANT, FL 32949 US

Title: T ( ) Delete  
Name: PFIEFER, EDWARD G  
Address: 5890 US HWY. 1  
City-St-Zip: GRANT, FL 32949 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILLIAMS, DONNA M  
Address: 5890 US HWY. 1  
City-St-Zip: GRANT, FL 32949 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: NICOLO, THELMA C  
Address: 5890 US HWY. 1  
City-St-Zip: GRANT, FL 32949 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA M. WILLIAMS

P

09/18/2008

Electronic Signature of Signing Officer or Director

Date