

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146845

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: CRIBS 2 COLLEGE & BEYOND, INC.

## Current Principal Place of Business:

2709 SW 27TH AVE., UNIT 103  
OCALA, FL 34474

## New Principal Place of Business:

## Current Mailing Address:

2709 SW 27TH AVE., UNIT 103  
OCALA, FL 34474

## New Mailing Address:

860 S.E. 28TH AVE  
OCALA, FL 34471

FEI Number: 42-1717104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BULLARD, J. WARREN  
2709 SW 27TH AVE., UNIT 103  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

FULFORD, TAUNA  
860 S.E. 28TH AVE.  
OCALA, FL 34471 US

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: TAUNA FULFORD

02/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FULFORD, TAUNA B  
Address: 860 SE 28TH AVE.  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: FULFORD, TILLMAN L  
Address: 860 SE 28TH AVE.  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: MORRISON, VICKY R  
Address: P. O. BOX 1972  
City-St-Zip: DUNNELLON, FL 34430

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TAUNA FULFORD

D

02/05/2008

Electronic Signature of Signing Officer or Director

Date