## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Sep 02, 2008 8:00 am Secretary of State **DOCUMENT # P07000007057** 09-02-2008 90032 009 \*\*\*150.00 1. Entity Name TUNZ A FUN OF CHIEFLAND, INC. Principal Place of Business Mailing Address 503 N MAIN ST 503 N MAIN ST CHIEFLAND, FL 32626 CHIEFLAND, FL 32626 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 85TH PIA Suite, Apt. #. etc 08272008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For CH;EFLAND 07989 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 2644 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEARCE, LISA Street Address (P.O. Box Number is Not Acceptable) 503 N MAIN ST CHIEFLAND, FL 32626 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 agen SIGNATURE egistered Agent signature required v and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PRESIDENT ☐ Delete TITLE Change ☐ Addition PEARCE, LISA NAME PEARCE LISA NAME 6451 N.W. 85TH PLACE STREET ADDRESS 503 N MAIN ST STREET ADDRESS CITY-ST-ZIP CHIEFLAND, FL 32626 CITY+ST-ZIP CHIEFLAND FL 32626 ST SECRATARY PEARCE, ROBERT DILE ☐ Delete TITLE Change ☐ Addition NAME PEARCE, ROBERT NAME 6451 N.W. 85TH PLACE STREET ADDRESS 503 N MAIN ST STREET ADDRESS CITY-ST-ZIP CHIEFLAND, FL 32626 CITY-ST-ZIP CHIEFLAND FL 32626 TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT1 F ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP TITLE Detete 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 filling 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.

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ATTACHMENT To whom it may concern at Division of Corp. 2008 annual Report is being filled late due to not receiving notice. Notice was sent to prior address of 503 5. Main It Chiefland Fl 32626 and this notice was not fowarded to current mailing address of P.O. BOX 1097 Chiefland FL 32644. If any additional fees and for penalties are due to file this annual report please send to P.O. Box 1097 Chiefland FL 32644.

Thanks M Rearce Sec. Tury A Fun of Chiefland IN. Aug 27 2008