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

## **FILED** Apr 25, 2008 8:00 am Secretary of State

DOCUMENT # P07000021112  1. Entity Name THIRD DAY VENTURES, INC.					04-25-2008	90133 003 ***15	0.00	
Principal Plac	e of Business	Mailing Address		4				
8677 N. PALAFOX STREET PENSACOLA, FL 32534		POST OFFICE BOX 7207 PENSACOLA, FL. 32534						
<u> </u>		· · · · · · · · · · · · · · · · · · ·						
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04182008	Chg-P	CR2E034 (12/06)		
City & Stat	e	City & State	-, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	4. FEI Number	847462:		pplied For of Applicable	
Zip	Country	Zip	Country		o T/YOC.	\$8.75 Add		
				<u>. Ļ, "</u>		Fee Require		
<del></del>	6. Name and Address of Current	Registered Agent	Name	7. Name and 2	Address of New R	egistered Agent		
SPOONER, RICHARD E			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
6463 HAMMOCK TRACE MILTON, FL 32583			SUBER AGGIBSS	Street Address (P.O. Box Number is Not Acceptable)				
;			City		·····	FL Zip Code	9	
	named entity submits this statement for	r the purpose of changing its re	egistered office or regist	ered agent, or both	n, in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	red when reinstating)		DATE		
FIL After M	E NOWIN FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contril	n Financing \$ oution.	5.00 May Be Ided to Fees				
10.	OFFICERS AND	DIRECTORS	11.	NEMORIDOA	CHANGES TO OFF	ICERS AND DIRECTOR	S (N 11	
TMLE	P PSVEDLY W	☐ Detete	TITLE			Change	Addition	
NAME STREET ADDRESS	MAYO, BEVERLY W 3710 MENENDEZ ROAD		NAME STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE			☐ Change		
NAME	SPOONER, MARIAN M		NAME				■ Addition	
STREET ADDRESS CITY-ST-ZIP	6463 HAMMOCK TRACE		CTDCTT ADDRESS				☐ Addition	
	I MILTON, FL 32583		STREET ADDRESS CITY-ST-ZIP				☐ Addition	
TITLE	MILTON, FL 32583	☐ Delete			·	☐ Change	☐ Addition	
TITLE NAME	S HARRISON, TRACY S	☐ Delete	CITY-ST-ZIP TITLE NAME		·	☐ Change		
TITLE NAME STREET ADDRESS	S HARRISON, TRACY S 4313 WHITELEAF COURT	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-789	S HARRISON, TRACY S 4313 WHITELEAF COURT PENSACOLA, FL 32505		CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZEP				Addition	
TITLE NAME STREET ADDRESS	S HARRISON, TRACY S 4313 WHITELEAF COURT	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change		
NAME STREET ADDRESS CITY - ST - ZBP TITLE NAME STREET ADDRESS	S HARRISON, TRACY S 4313 WHITELEAF COURT PENSACOLA, FL 32505 T SPOONER, RICHARD E 6463 HAMMOCK TRACE		CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZEP  TITLE  NAME  STREET ADDRESS				☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP	S HARRISON, TRACY S 4313 WHITELEAF COURT PENSACOLA, FL 32505 T SPOONER, RICHARD E	_ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	☐ Addition ☐ Addition	
NAME STREET ADDRESS CITY - ST - ZBP TITLE NAME STREET ADDRESS	S HARRISON, TRACY S 4313 WHITELEAF COURT PENSACOLA, FL 32505 T SPOONER, RICHARD E 6463 HAMMOCK TRACE		CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZEP  TITLE  NAME  STREET ADDRESS				Addition	
TITLE NAME STREET ADDRESS CITY-ST-TEP TITLE NAME STREET ADDRESS CITY-ST-TEP TITLE NAME STREET ADDRESS	S HARRISON, TRACY S 4313 WHITELEAF COURT PENSACOLA, FL 32505 T SPOONER, RICHARD E 6463 HAMMOCK TRACE	_ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS			☐ Change	☐ Addition ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZEP	S HARRISON, TRACY S 4313 WHITELEAF COURT PENSACOLA, FL 32505 T SPOONER, RICHARD E 6463 HAMMOCK TRACE	_ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE			☐ Change	☐ Addition ☐ Addition	
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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 received by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: BALAND & SAFETHER PRINTED HAME OF SIGNING OFFICER OR DIRECTOR