


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2008 8:00 am**  
**Secretary of State**

01-08-2008 90004 020 \*\*\*150.00

<b>DOCUMENT # P07000026518</b> 1. Entity Name SPIRITUAL IMPACT T-SHIRTS, INC.					
Principal Place of Business 3021 COMMERCIAL WAY SPRING HILL, FL 34606 US			Mailing Address 8285 APPLE ORCHARD RD. SPRING HILL, FL 34606 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">20-8566454</div>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required-		
6. Name and Address of Current Registered Agent  RODRIGUEZ, MARK D 7072 MARINER BLVD. SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 is acceptable if applicable (NOTE: Registered Agent signature is required when the State is)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMUS, SUSAN E 8285 APPLE ORCHARD RD. SPRING HILL, FL 34606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEMUS, WILLAM C 8285 APPLE ORCHARD RD. SPRING HILL, FL 34606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
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: <i>Susan E. Lemus</i>			1-6-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40000510

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



[Home](#)

[Contact Us](#)

[E-Filing Services](#)

[Document Searches](#)

[Forms](#)

[Help](#)

## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

**Document Number** P07000026518

**Business Entity Name** SPIRITUAL IMPACT T-SHIRTS, INC.

**Original File Date** 02/27/2007

**FEI Number**

**Principal Address** 3021 COMMERCIAL WAY  
SPRING HILL, FL 34606 US

**Mailing Address** 8285 APPLE ORCHARD RD.  
SPRING HILL, FL 34606 US

**Registered Agent** MARK D RODRIGUEZ  
7072 MARINER BLVD.  
SPRING HILL, FL 34609 US

### Officer/Director Name And Address

P  
SUSAN E LEMUS  
8285 APPLE ORCHARD RD.  
SPRING HILL, FL 34606 US

VP  
WILLAM C LEMUS  
8285 APPLE ORCHARD RD.  
SPRING HILL, FL 34606 US

[Continue](#)