

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055001

Entity Name: READY TO PERMIT, INC.

FILED
Feb 04, 2008
Secretary of State

Current Principal Place of Business:

20020 VETERANS BLVD
UNIT 20
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

20020 VETERANS BLVD
UNIT 20
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 20-8978986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLF, MICHAEL
20020 VETERANS BLVD
UNIT 20
PORT CHARLOTTE, FL 33954 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOOLF, MICHAEL
Address: 20020 VETERANS BLVD, UNIT 20
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VP (X) Delete
Name: CAMPBELL, KEVIN
Address: 20020 VETERANS BLVD, UNIT 20
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL WOOLF

P

02/04/2008

Electronic Signature of Signing Officer or Director

Date