


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90001 016 \*\*\*150.00

<b>DOCUMENT # P07000057497</b>	
1. Entity Name DETAIL 9, INC.	

Principal Place of Business 860 N. ORANGE AVE APT. 418 ORLANDO, FL 32801 US	Mailing Address 860 N. ORANGE AVE APT. 418 ORLANDO, FL 32801 US
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40109566



2. Principal Place of Business - No P.O. Box # * 4815 New Broad St *	3. Mailing Address * 4815 New Broad St *
Suite, Apt. #, etc. 2035	Suite, Apt. #, etc. 2035
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32814	Country USA

07032008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0157636	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALBRIGHT, BRENT V 860 N. ORANGE AVE APT. 418 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name * Albright Brent V Street Address (P.O. Box Number is Not Acceptable) 4815 New Broad St # 2035 City Orlando FL Zip Code 32814
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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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBRIGHT, BRENT V 860 N. ORANGE AVE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* P Albright, Brent V. 4815 New Broad St #2035 Orlando FL 32814 <input checked="" 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #