
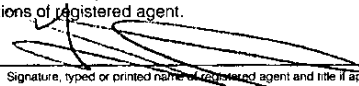
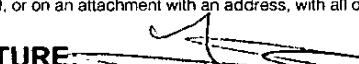


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90054 001 ***317.50

DOCUMENT # P07000060716			
1. Entity Name T & H SOBER LIVING, INC.			
Principal Place of Business 307 SW 9TH COURT DELRAY BEACH, FL 33444		Mailing Address 307 SW 9TH COURT DELRAY BEACH, FL 33444	
2. Principal Place of Business - No P.O. Box # 307 SW 9th Court Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State Same	
Zip 33444	Country Palm Bch	Zip	Country
6. Name and Address of Current Registered Agent GOULDON, JASON G 89 BUXTON LANE BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name Belinda Johnson Street Address (P.O. Box Number is Not Acceptable) 307 SW 9th Court City Delray FL Zip Code 33444	
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  DATE 1-7-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 WRIGHT, BELINDA 307 SW 9TH COURT DELRAY BEACH, FL 33444 <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	VP JOHNSON, JEROME 307 SW 9TH COURT DELRAY BEACH, FL 33444 <input checked="" 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
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: 		Date 1-7-08 Daytime Phone #	

66000076



01062008 Chg-P CR2E034 (12/06)

4. FEI Number **20-8993180** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required