

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000067814

1. Entity Name
AYERS FINANCIAL INC



FILED

08 SEP 16 PM 4:31

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1331 COLEMAN AVE
CHIPLEY, FL 32428

Mailing Address

1331 COLEMAN AVE
CHIPLEY, FL 32428

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07292008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYERS, STEPHEN D
1331 COLEMAN
CHIPLEY, FL 32428

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 P ☐ Delete
NAME AYERS, TAMMY A
STREET ADDRESS 1331 COLEMAN AVE
CITY- ST- ZIP CHIPLEY, FL 32428

TITLE ☐ Change ☐ Addition
NAME *8/29/16*
STREET ADDRESS
CITY- ST- ZIP

TITLE S/T ☐ Delete
NAME AYERS, STEPHEN D
STREET ADDRESS 1331 COLEMAN AVE
CITY- ST- ZIP CHIPLEY, FL 32428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

Stephen D Ayers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-08

850-527-3023

Date

Daytime Phone #