

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P07000076077

1. Entity Name  
TOTALLY INCLUSIVE, INC.



Principal Place of Business  
2873 NW 91ST AVE.  
APT. 102  
CORAL SPRINGS, FL 33065

Mailing Address  
2873 NW 91ST AVE.  
APT. 102  
CORAL SPRINGS, FL 33065



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
26-0455916

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WILLIAMS, MARK C  
2873 NW 91ST AVE.  
APT. 102  
CORAL SPRINGS, FL 33065

**DO NOT WRITE  
IN THIS SPACE**

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 *Mark Williams*  
Signature, typed or printed name of registered agent and title if applicable

*Mark Williams*  
(NOTE: Registered Agent signature required when reinstating)

*4-11-08*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

100000893826  
04/24/08-80003-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME WILLIAMS, REBECCA  
STREET ADDRESS 2873 NW 91ST AVE. APT. 102  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VPS  
NAME WILLIAMS, MARK C  
STREET ADDRESS 2873 NW 91ST AVE. APT. 102  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Rebecca Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Rebecca Williams PT*

*4-11-08* *954)557-8988*  
Date Daytime Phone #