


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2008 90051 034 ***150.00

DOCUMENT # P07000079418

1. Entity Name
FUHGEDDABOUDIT, INC.



Principal Place of Business Mailing Address

3503 KERNAN BLVD **3503 KERNAN BLVD**
STE. 5 **STE. 5**
JACKSONVILLE, FL 32224 **JACKSONVILLE, FL 32224**

40065667



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02272008 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

26-0521512 Not Applicable

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

6. Name and Address of Current Registered Agent

TILLEY & CALLAHAN, P.A., CPAS
4465 BAYMEADOWS RD.
STE. 3
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name **Anthony Bonanno**

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

3503 Kernan Blvd, Ste 5

City **Jacksonville** **FL** Zip Code **32224**

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 Anthony Bonanno Anthony Bonanno (P) 3/24/08

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
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BONANNO, ANTHONY P	
STREET ADDRESS	1149 A HORNET CT.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ILLIANO, GENNARO	
STREET ADDRESS	1149 A HORNET CT.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32223	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BONANNO, JOSEPH	
STREET ADDRESS	1025 CORONET LN	
CITY-ST-ZIP	SOMERDALE, NJ 08083	
TITLE	S	<input type="checkbox"/> Delete
NAME	BONANNO, ANTHONY	
STREET ADDRESS	142 S LEXINGTON DR.	
CITY-ST-ZIP	FELTON, DE 19943	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonanno, Anthony	
STREET ADDRESS	142 S Lexington DR.	
CITY-ST-ZIP	FELTON, DE 19943	
TITLE	S/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonanno Joseph	
STREET ADDRESS	1025 CORONET LN	
CITY-ST-ZIP	SOMERDALE, NJ 08083	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Anthony Bonanno Anthony Bonanno 3/7/08 (302) 335-2798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #