


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 3503 KERNAN BLVD STE. 5 JACKSONVILLE, FL 32224			Mailing Address 3503 KERNAN BLVD STE. 5 JACKSONVILLE, FL 32224		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-0521512	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TILLEY & CALLAHAN, P.A., CPAS 4465 BAYMEADOWS RD. STE. 3 JACKSONVILLE, FL 32217			Name Anthony Bonanno		
			Street Address (P.O. Box Number is Not Acceptable)		
			3503 Kernan Blvd, Ste 5		
			City Jacksonville	State 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)		DATE 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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONANNO, ANTHONY P		NAME	Bonanno, Anthony	
STREET ADDRESS	1149 A HORNET CT.		STREET ADDRESS	142 S Lexington DR.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	FELTON, DE 19943	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	S/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILLIANO, GENNARO		NAME	Bonanno Joseph	
STREET ADDRESS	1149 A HORNET CT.		STREET ADDRESS	1025 CORONET LN	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32223		CITY-ST-ZIP	SOMERDALE, NJ 08083	
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONANNO, JOSEPH		NAME		
STREET ADDRESS	1025 CORONET LN		STREET ADDRESS		
CITY-ST-ZIP	SOMERDALE, NJ 08083		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONANNO, ANTHONY		NAME		
STREET ADDRESS	142 S LEXINGTON DR.		STREET ADDRESS		
CITY-ST-ZIP	FELTON, DE 19943		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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		DATE 3/7/08 (302) 335-2798	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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