2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90102 001 ***150.00

03312008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000087814

1. Entity Name
BRENDA'S VARIETY SHOPP, INC.

Principal Place of Business	Mailing Address
3545-1 ST JOHNS BLUFF RD SO JACKSONVILLE, FL 32224	3545-1 ST JOHNS BLUFF RD SO JACKSONVILLE, FL 32224

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
9803 ELAINE RD		9803 ELAINE RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JACKSONVILLE, FL		City & State: JACKSONVILLE, FL.	
Zip: 32246	Country: USA	Zip: 32246	Country: USA

4. FEI Number: 32-0210853 ☐ Applied For ☐ Not Applicable

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
ROCKWARD, BRENDA L 3545-1 ST JOHNS BLUFF RD SO JACKSONVILLE, FL 32224	Name: Street Address (P.O. Box Number is Not Acceptable): 9803 ELAINE RD. City: JACKSONVILLE FL Zip Code: 32246

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: Brenda L. Rockward - Director 04-18-2008
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCKWARD, BRENDA L 3545-1 ST JOHNS BLUFF RD SO JACKSONVILLE, FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 9803 ELAINE RD JACKSONVILLE, FL. 32246	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Brenda L. Rockward 04-18-2008 (904)329-4119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #