2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 13, 2008 8:00 am Secretary of State

DOCUMENT # P07000087992 1. Entity Name YOU GO GIRL, INC.								,	05-13-2008 9	•		
Principal Place	<u>'</u>			\dashv	11.							
Principal Place of Business Mailing Address 432 OSCEOLA DRIVE 432 OSCEOLA DR JACKSONVILLE BEACH, FL 32250 JACKSONVILLE B					L 3225	50 .		a • •		ii Edigi toili to	916 - 1014 MB14 MB4	
		V-50 - ::	T =	<u>i</u>								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				"	01082008	Chg-P	CR2E	34 (12/06)	
City & State			City & State					4. FEI Numbe	er •			pplied For at Applicable
Zip	Zip Country -		-Zip		Count	ry: -:		5. Certificate	of Status Desired		\$8.75 Add Fee Require	litional
6. Name and Address of Current Reg			nt Registered Agent					7. Name and	Address of New R	egistered.		
at them and the desired to deliver to greater a significant						Name	•					
REYNOLDS, HEATHER M 115 PROFESSIONAL DRIVE					}	Street Addre	ess (P.O. Box Numb	er is Not Acceptable	9)		
101 PONTE VEDRA BEACH, FL 32082					ļ							
,					Ì	City				FL	Zip Cod	е
R The above	named entity su	hmits this statement	for the purpose of ch	anning its re	ecistere	d office or rec	nister	ed agent, or bo	th in the State of Flo			and accept
	ions of registered		ior the purpose of cir	anging its re	ogistoro	id Oilles di 195	giotoi	eo agent, or bo	in, in the diate of the	onoa. Tam	icantanci with	and accopt
SIGNATURE_												
SIGNATURE	Signature, typed or pri	inted name of registered age	nt and title if applicable.	(NOTE: I	Registered	Agent signature re	oquired	(when rainstating)		DATE		
		E IS \$150.00 ee will be \$550	l	; on Campaig Fund Contrit		cing		.00 May Be ed to Fees				
10.	10. OFFICERS AND DIRECTORS							ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	P Del				TITLE						☐ Change	☐ Addition
NAME EMPCET ADDRESS	· · · · · · · · · · · · · · · · · · ·			: 1	NAME	ſ						
STREET ADDRESS 432 OSCEOLA DRIVE CITY-ST-ZIP JACKSONVILLE BEACH, FL 3			12250	ļ		ET ADORESS ST-ZIP						
TITLE					TITLE	:					Change	☐ Addition
NAME	The state of the s					:	_					_
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Ditte -				Delete	IIILE			1			(_) Change	Addition
NAME) 	NAME			TRAD	/ -			
STREET ADDRESS				'		ET ADDRESS		4-)			
CITY-ST-ZIP				 	CITY -	-ST-ZIP			J			
TITLE	}			Delete	TITLE	1					☐ Change	Addition
NAME STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					1	-ST-ZIP						
TITLE				Delete	TITLE						Change	Addition
NAME					NAME							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST- ZIP						
TITLE				Delete	TITLE						Change	☐ Addition
NAME			L	Jeleia 	NAME	- 1						
STREET ADDRESS	STREET ADDRESS			•	STRE	ET ADDRESS						
CITY-ST-ZIP				!		-ST-ZIP			<u></u>			
indicated of the co	l on this report or rporation or the r	rsupplemental repor edeiver or trustee en	with this filing does no t is true and accurate apowered to execute s, with all other like e	and that m this report a	the exe y signat as requir	emptions cont ture shall have red by Chapte	ained the er 60	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statutes. ct as if made under es; and that my nam	I further cer oath; that I ne appears	rtify that the i am an officer in Block 10 o	nformation r or director r Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

108 904-247

Daytima Phone #