

2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/24/2008-90120-028-\$150.00-\$150.00

FILED

08 SEP 25 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000090339					
1. Entity Name FPOC VIII INC.					
Principal Place of Business C/O SEAGIS PROPERTY GROUP ONE TOWER BRIDGE 100 FRONT ST SUITE 1370 WEST CHOSHOCKEN, PA 19428			Mailing Address C/O SEAGIS PROPERTY GROUP ONE TOWER BRIDGE 100 FRONT ST SUITE 1370 WEST CHOSHOCKEN, PA 19428		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-3423901	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS INC 515 E PARK AVE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing) 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	P BEGIER, JOHN ONE TOWER BRIDGE 100 FRONT ST SUITE 1370 WEST CHOSHOCKEN, PA 19428	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEE, CHARLES ONE TOWER BRIDGE 100 FRONT ST SUITE 1370 WEST CHOSHOCKEN, PA 19428	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MOYER, KENNETH ONE TOWER BRIDGE 100 FRONT ST SUITE 1370 WEST CHOSHOCKEN, PA 19428	☐ Delete			
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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: 		Kenneth R. Moyer		3-7-08 484-530-9133	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Phone #	