

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90047 034 ***150.00

DOCUMENT # P07000098019					
1. Entity Name IRIGHTRESUMES, INC.					
Principal Place of Business 919 GRAND RAPIDS BLVD. NAPLES, FL 34120			Mailing Address 919 GRAND RAPIDS BLVD. NAPLES, FL 34120		
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 26-0860507	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SETSER, KENNETH A 919 GRAND RAPIDS BLVD. NAPLES, FL 34120			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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	PRES SETSER, KENNETH A 919 GRAND RAPIDS BLVD. NAPLES, FL 34120		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Clarice Setser 919 Grand Rapids Blvd. Naples FL 34120	
_____ _____ _____	_____ _____ _____		_____ _____ _____	_____ _____ _____	
_____ _____ _____	_____ _____ _____		_____ _____ _____	_____ _____ _____	
_____ _____ _____	_____ _____ _____		_____ _____ _____	_____ _____ _____	
_____ _____ _____	_____ _____ _____		_____ _____ _____	_____ _____ _____	
_____ _____ _____	_____ _____ _____		_____ _____ _____	_____ _____ _____	
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: <u>Kenneth A. Setser</u>			<u>4/3/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		