

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 31, 2008 8:00 am
Secretary of State

03-04-2008 90018 041 ***158.75

DOCUMENT # P07000110407

1. Entity Name
T & R'S FUNHOUSE, INC.



Principal Place of Business
2520 COUNTRY CLUB ROAD NORTH
WINTER HAVEN FL 33881

Mailing Address
2520 COUNTRY CLUB ROAD NORTH
WINTER HAVEN FL 33881

2. Principal Place of Business - No P.O. Box #
6086 Cypress Gardens Blvd.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Winter Haven FL

City & State
Winter Haven FL

Zip
33881

Country
USA

4. FEI Number
26-1833504

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KELTON, JESSICA A.
2520 COUNTRY CLUB ROAD NORTH
WINTER HAVEN FL 33881

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 *Jessica Kelton* DATE 2-28-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 KELTON, JESSICA A 2520 COUNTRY CLUB ROAD NORTH WINTER HAVEN FL 33881	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELTON, ROBERT W JR. 2520 COUNTRY CLUB ROAD NORTH WINTER HAVEN FL 33881	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACKWELL, JAMES E 3045 OLD LUCERNE PARK ROAD WINTER HAVEN FL 33881	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jessica Kelton* DATE 2-28-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR