


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P07000113756	
1. Entity Name STUDS R US INC	

Principal Place of Business 32621 FOREST DRIVE DELAND FL 32720 US	Mailing Address 32621 FOREST DRIVE DELAND FL 32720 US
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2. Principal Place of Business - No P.O. Box # 32621 Forest Drive	3. Mailing Address 32621 Forest Drive
Suite, Apt. #, etc. 32621 Forest Drive	Suite, Apt. #, etc. 32621 Forest Drive
City & State Deland Florida	City & State Deland Florida
Zip 32720	Country USA

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent FERRELL, BOBBY C 32621 FOREST DRIVE DELAND FL 32720	
7. Name and Address of New Registered Agent Name Bobby C Ferrell Street Address (P.O. Box Number is Not Acceptable) 32621 Forest Drive City Deland Florida FL Zip Code 32720	

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 Bobby C Ferrell	DATE 2-7-08

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRELL, BOBBY C 32621 FOREST DRIVE DELAND FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000822066 02/19/08-80052-014 150.00 <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
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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: Bobby C Ferrell	DATE: 2-7-08	FILE NO: 352-434-4846
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