

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90067 013 \*\*\*150.00

**DOCUMENT # P07000114392**



1. Entity Name  
**BAD NEWS TRAVELS FAST, INC.**

Principal Place of Business  
**11250 N.E. 51ST PLACE  
BRONSON, FL 32621**

Mailing Address  
**11250 N.E. 51ST PLACE  
BRONSON, FL 32621**

2. Principal Place of Business - No P.O. Box #  
**11250 N.E. 51ST PLACE**  
Suite, Apt. #, etc.

3. Mailing Address  
**11250 N.E. 51ST PLACE**  
Suite, Apt. #, etc.



01102008 Chg-P CR2E034 (12/06)

City & State  
**BRONSON FL 32621**  
Zip  
**32621** Country

City & State  
**BRONSON FL**  
Zip  
**32621** Country  
**USA**

4. FEI Number Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SAWYER, JAMES M  
5000 N. W. 27TH COURT  
SUITE C  
GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent  
Name  
**Joseph B. Haney Jr**  
Street Address (P.O. Box Number is Not Acceptable)  
**11250 N.E. 51ST PLACE**  
City  
**BRONSON** FL Zip Code  
**32621**

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 **J. Bruce Haney Jr.**

(NOTE: Registered Agent signature required when reinstating)

DATE **1/28/2008**

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HANEY, JOSEPH B JR 11250 N.E. 51ST PLACE BRONSON, FL 32621 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO HANEY, JAMIE H 11250 N.E. 51ST PLACE BRONSON, FL 32621 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 **J. Bruce Haney Jr. Joseph B. Haney Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/28/2008** DAYTIME PHONE # **706-892-8565**