

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000116401

1. Entity Name
AWARDS AND INCENTIVES, INC.



Principal Place of Business
2840 W. BAY DR., #176
BELLEAIR BLUFFS, FL 33770

Mailing Address
2840 W. BAY DR., #176
BELLEAIR BLUFFS, FL 33770

2. Principal Place of Business - No P.O. Box #
2840 W. Bay Drive
Suite, Apt. #, etc.
#176

3. Mailing Address
2840 W. Bay Drive
Suite, Apt. #, etc.
#176

City & State
Belleair Bluffs, FL

City & State
Belleair Bluffs, FL

Zip
33770

Country

Zip
33770

Country

08292008

Chg-P

CR2E034 (12/06)

4. FEI Number
22-3970581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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 title if applicable.

(NOTE: Registered Agent signature required when reactivating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SCHUSTER, PETER G
2840 W. BAY DR., #179
BELLEAIR BLUFFS, FL 33770 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2840 W. Bay Drive, #176
Belleair Bluffs, FL 33770 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100135963321
09/16/08--01019--011 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Peter G. Schuster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter G. Schuster, President

8/29/08

727-479-5000

Date

Daytime Phone #

FILED

08 SEP -9 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

