

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000133802

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: REACH FOR YOUR BEST, INC.

## Current Principal Place of Business:

16328 NW 129TH TERRACE  
ALACHUA, FL 32615 US

## New Principal Place of Business:

## Current Mailing Address:

16328 NW 129TH TERRACE  
ALACHUA, FL 32615 US

## New Mailing Address:

FEI Number: 26-1619798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELDREDGE, DAVID DR.  
16328 NW 129TH TERRACE  
ALACHUA, FL 32615 US

## Name and Address of New Registered Agent:

ELDREDGE, DAVID C DR.  
16328 NW 129TH TERRACE  
ALACHUA, FL 32615 US

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.

SIGNATURE: DR DAVID ELDREDGE

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ELDREDGE, DAVID DR.  
Address: 16328 NW 129TH TERRACE  
City-St-Zip: ALACHUA, FL 32615 US

Title: VP ( ) Delete  
Name: ELDREDGE, NANCY  
Address: 16328 NW 129TH TERRACE  
City-St-Zip: ALACHUA, FL 32615 US

Title: S ( ) Delete  
Name: ELDREDGE, NANCY  
Address: 16328 NW 129TH TERRACE  
City-St-Zip: ALACHUA, FL 32615 US

Title: T ( ) Delete  
Name: ELDREDGE, DAVID DR.  
Address: 16328 NW 129TH TERRACE  
City-St-Zip: ALACHUA, FL 32615 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR DAVID ELDREDGE

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date