

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046223

FILED
Jul 02, 2009
Secretary of State

Entity Name: RITES OF PASSAGE II MANHOOD, INC.

Current Principal Place of Business:

620 WELLS ROAD
ORANGE PARK, FL 32073

New Principal Place of Business:

1311 BRANDON DRIVE
ORANGE PARK, FL 32065

Current Mailing Address:

PO BOX 1702
MIDDLEBURG, FL 32050

New Mailing Address:

FEI Number: 26-2567091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, TRACY
620 WELLS ROAD
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

TRACY, MAXWELL
1311 BRANDON DRIVE
ORANGE PARK, FL 32065 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: TRACY MAXWELL

07/02/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAXWELL, TRACY
Address: PO BOX 1702
City-St-Zip: MIDDLEBURG, FL 32050

Title: P () Delete
Name: HERBERT, HAWTHRONE
Address: PO BOX 1702
City-St-Zip: MIDDLEBURG, FL 32050

Title: V () Delete
Name: JOHNSON, ANTHONY
Address: PO BOX 1702
City-St-Zip: MIDDLEBURG, FL 32050

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:

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: HAWTHRONE HERBERT

MR.

07/02/2009

Electronic Signature of Signing Officer or Director

Date