## 2008 FOR PROFIT CORPORATION

## Apr 01, $2\overline{008}$ 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P92000003315** 04-01-2008 90008 048 \*\*\*150.00 1. Entity Name FOURSOME PROPERTIES, INC. Principal Place of Business Mailing Address 10026523 3641 W KENNEDY BLVD 3641 W KENNEDY BLVD SUITE A SUITE A TAMPA, FL 33609 TAMPA, FL 33609 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032008 Chg-P CR2E034 (12/06) City & State City & State 4 FEI Number Applied For 59-3165370 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARNETT, LESLIE J C/O BARNETT, BOLT, KIRKWOOD & LONG Street Address (P.O. Box Number is Not Acceptable) 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDST TITLE ☐ Delete TITLE ✓ Chance ☐ Addition LEVY, CLIFF NAME NAME 4938 ST. CROIN DRIVE STREET ADDRESS 4932 ST. CROIX DRIVE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33629** CITY-ST-ZIP VASD TITLE ☐ Detete TITLE Change ■ Addition LEVY, LINDA SARI NAME 4932 ST. CROIX DRIVE 4938 ST. CROW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33629** CITY-ST-ZIE TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing close 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 impace employed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**