

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #.P93000034596

1. Entity Name

SANTA ROSA MANAGEMENT RECRUITERS, INC.



Principal Place of Business

6088 BERRYHILL ROAD
MILTON, FL 32570

Mailing Address

6088 BERRYHILL ROAD
MILTON, FL 32570 US

FILED
Jun 11, 2008 08:00 AM
Secretary of State



06052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3185458

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, IVAN
406 GIBBS ROAD
PENSACOLA, FL 32507

**DO NOT WRITE
IN THIS SPACE**

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
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 PT
NAME BRAND, JOHN EARL
STREET ADDRESS 5870 COUNTRY CLUB ROAD
CITY-ST-ZIP MILTON, FL 32570

TITLE VS
NAME BRAND, KAREN M
STREET ADDRESS 5870 COUNTRY CLUB ROAD
CITY-ST-ZIP MILTON, FL 32570

TITLE CFO
NAME GARCIA, IVAN
STREET ADDRESS 411 GREVE RD
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000953008
06/11/08-80004-012 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Ivan Garcia, CFO 6/5/08 (850)626-3303Ext1009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #