

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000018950

Entity Name: ROOM 4, INC.

FILED  
Jan 09, 2009  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 770098  
WINTER GARDEN, FL 347770098

## New Principal Place of Business:

419 E OAKLAND AVE  
OAKLAND, FL 34760

## Current Mailing Address:

PO BOX 651  
OAKLAND, FL 347600651 US

## New Mailing Address:

8601 JUSTICE PLACE  
GROVELAND, FL 34736 US

FEI Number: 59-3245733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRITT, R NEIL  
419 E OAKLAND AVE  
OAKLANBD, FL 34760 US

## Name and Address of New Registered Agent:

BRITT, ROBERT N  
419 E OAKLAND AVE  
OAKLANBD, FL 34760 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: ROBERT NEIL BRITT

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRITT, ROBERT N  
Address: PO BOX 651 ((N/A))  
City-St-Zip: OAKLAND, FL 34760

Title: D ( ) Delete  
Name: COTTON, STEPHANN  
Address: PO BOX 953208 ((N/A))  
City-St-Zip: OAKLAND, FL 33496

Title: D ( ) Delete  
Name: CLIFTON, GEORGE MARTIN  
Address: 940 N KEPLER  
City-St-Zip: DELAND, FL 32725

Title: D ( ) Delete  
Name: CLIFTON, CRAIG  
Address: 1405 BLACKWELDER RD  
City-St-Zip: DE LEON SPRINGS, FL 32130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BRITT, ROBERT N  
Address: 419 E OAKLAND AVE  
City-St-Zip: OAKLAND, FL 34760

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: ROBERT NEIL BRITT

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date