# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 05, 2008 8:00 am**
**Secretary of State**
02-05-2008 90011 002 ***150.00

DOCUMENT # P94000048613

1. Entity Name
KEDGER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~POST OFFICE BOX 382~~<br>HORSESHOE BEACH FL 32648 | ~~POST OFFICE BOX 382~~<br>HORSESHOE BEACH FL 32648 |

1st MOORE CR2E034 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 4134 SW 449 St. | 4134 SW 449 St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3247279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SHERRILL, JOHN<br>~~1ST STREET EAST~~<br>HORSESHOE BEACH FL 32648 | Name<br>Street Address (P.O. Box Number is Not Acceptable): 4134 SW 449 St.<br>City **FL** 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: John Sherrill 1-23-08
Signature, type 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**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SHERRILL, JOHN<br>~~1ST STREET EAST~~<br>HORSEHOE BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>4134 SW 449 St |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CARRILL, RAYMOND<br>~~HWW. 351~~<br>HORSESHOE BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>Carroll, Raymond<br>10974 Finger Leapwood Rd.<br>Adamsville Tenn 38310 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>~~BUTLER, JAMES JR.~~<br>~~3RD STREET WEST~~<br>HORSESHOE BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>15184 SW 351 Hwy |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** John Sherrill V.P. John Sherrill 1-23-08 352-498-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #