2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State
03-06-2008 90046 042 ***150.00

DOCUMENT # P94000055710

1. Entity Name
TAKING OFF ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4906 CARLEIGH LN VALRICO, FL 33594 US	4906 CARLEIGH LN VALRICO, FL 33594 US

03042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1434 Emerald Dunes Dr.	1434 Emerald Dunes Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sun City Center FL	City & State: Sun City Center, FL
Zip: 33573 Country: USA	Zip: 33573 Country: USA

4. FEI Number 59-3260989 ☐ 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
DAVIDOFF, RICHARD N 4906 CARLEIGH LANE VALRICO, FL 33594	Name: Davidoff, Richard N Street Address (P.O. Box Number is Not Acceptable): 1434 Emerald Dunes Dr City: Sun City Center FL Zip Code: 33573

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] 3/4/08
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 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	PRES DAVIDOFF, RICHARD N 4906 CARLEIGH LANE VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Davidoff, Richard N 1434 Emerald Dunes Dr Sun City Center, FL 33573	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC DAVIDOFF, ILENE M 4906 CARLEIGH LANE VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Davidoff, Ilene M 1434 Emerald Dunes Dr Sun City Center, FL 33573	☑ Change ☐ Addition
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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 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: [signature] 3/4/08 (813) 610-2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #