


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000001154</b>	
1. Entity Name <b>FIFI'S OF GAINESVILLE, INC.</b>	

Principal Place of Business <b>3501 SW 2ND AVENUE SUITE P GAINESVILLE FL 32607 US</b>	Mailing Address <b>3501 SW 2ND AVENUE SUITE P GAINESVILLE FL 32607 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

**1st MOORE CR2E034 (10/07)**

4. FEI Number <b>59-3285534</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NEIMS, MYRNA R 8519 NW 4TH PLACE GAINESVILLE FL 32607</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_

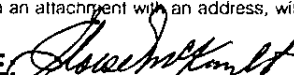
Sign here, typed or printed name of registered agent (omit title if applicable) (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>NEIMS, MYRNA R</b>
STREET ADDRESS	<b>8519 N.W. 4TH PL.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32607-1414</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>HORN, MARY L</b>
STREET ADDRESS	<b>RT. 1, BOX 251</b>
CITY-ST-ZIP	<b>MICANOPY FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>MCKNIGHT, ELOISE M</b>
STREET ADDRESS	<b>12451 NE 60TH ST</b>
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**  **KROISE MCKNIGHT DIRECTOR** **2-5-08** **352/378-5020**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year