

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90039 027 \*\*\*150.00

DOCUMENT # P95000087285

1. Entity Name  
SPIRIT FILLED INVESTMENT CORPORATION, INC.



Principal Place of Business  
9160 N.W. 32ND COURT ROAD  
MIAMI, FL 33147

Mailing Address  
9160 N.W. 32ND COURT ROAD  
MIAMI, FL 33147

2. Principal Place of Business - No P.O. Box #  
*Orlando Fla 32113*  
Suite, Apt. #, etc.

3. Mailing Address  
*17235 N.E 22nd*  
Suite, Apt. #, etc.



05132008 Chg-P CR2E034 (12/06)

City & State  
*Citra Fla*  
Zip  
*32113*  
Country  
*marion*

City & State  
*Citra Fla*  
Zip  
*32113*  
Country  
*marion*

4. FEI Number  
65-0619908  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCRARY, JESSE J JR. ESQ  
2800 BISCAYNE BLVD.  
9TH FLOOR  
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name  
*Richard B. Bernard*  
Street Address (P.O. Box Number is Not Acceptable)  
*17235 N.E 22nd*  
*Citra Fla* *32113*  
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 *Richard Barry Bernard* *05/22/08*  
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**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BERNARD, RICHARD<br>9160 NW 32ND CT. RD.<br>MIAMI, FL 33147 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>VP Albert Daniels</i> <input checked="" type="checkbox"/> Delete<br><i>Bainbridge Fla</i>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Sec David James</i> <input checked="" type="checkbox"/> Delete<br><i>Milman Fla</i>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Albert Browne</i> <input checked="" type="checkbox"/> Delete<br><i>Coral City</i>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Dana Ferguson</i> <input checked="" type="checkbox"/> Delete<br><i>Milman Fla</i>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>James Mathone</i> <input checked="" type="checkbox"/> Delete<br><i>Coral City</i>              |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>PD Richard Bernard</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>17235 N.E 22nd</i><br><i>Citra Fla</i> <i>32113</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard B. Bernard* *05/22/08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #