

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000024455

1. Entity Name
RESURGENCE, INC.



Principal Place of Business
**836 S BLVD.
TAMPA, FL 33606 US**

Mailing Address
**402 E GATE DR
THOMASVILLE, GA 31757 US**



DO NOT WRITE IN THIS SPACE

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3376822

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SEGALL, LARRY M
3321 HENDERSON BLVD
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

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**

**U000000834062
02/28/08-80037-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SHEPARD, ROLAND DAVID
836 S BLVD
TAMPA, FL 33606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
INGRAM, DINA L
402 EAST GATE DRIVE
THOMASVILLE, GA 31757**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

Roland David Shepard 2/18/08

813-876-5089