

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000039566

Entity Name: GONE AGAIN, INC.

**FILED**  
**Jun 30, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1897 SW EFFLAND AVE.  
PSL, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1897 SW EFFLAND AVE.  
PORT ST. LUCIE, FL 34953 US

**New Mailing Address:**

FEI Number: 65-0745816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARD, GARY W  
1897 SW EFFLAND AVE  
PORT SAINT LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WARD, GARY W  
Address: 1897 S.W. EFFLAND AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WARD, PATRICIA A  
Address: 1897 S.W. EFFLAND AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY WARD

D

06/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date