2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000058664

Entity Name: LOTS UNLIMITED, INC

Address:

City-St-Zip:

FILED Feb 05, 2008 Secretary of State

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Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	ENNESSEE ST SSEE, FL 3230					
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
PO BOX 1 TALLAHAS	80453 SSEE, FL 3231	18 US				
FEI Number	: 59-3390852	FEI Number Applied For ()	FEI Number Not App	icable () Certif	icate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New R	egistered Agent:	
2520 W ŤE TALLAHAS	KIMBERLY K ENNESSEE ST SSEE, FL 3230	04 US				
	enamed entity s e of Florida.	submits this statement for th	e purpose of changing i	ts registered office o	r registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered A	\gent	Date		
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () THARPE, RICH/ 3653 WESTMO TALLAHASSEE	RLAND DR.	Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address: City-St-Zip:	D () THARPE, KIMB 3653 WESTMO TALLAHASSEE	RLAND DR.	Title: Name: Address: City-St-Zip:	P (X) Chang THARPE, KIMBERLY I 3054 KILLEARN POIN TALLAHASSEE, FL 32	TE COURT	
Title: Name: Address: City-St-Zip:	S () THARPE, LYND 3633 WESTMO TALLAHASSEE	RELAND DR.	Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title:	()	Delete	Title:	VP () Chang	e (X) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KIMBERLY K. THARPE P 02/05/2008

3653 WESTMORELAND DR.

TALLAHASSEE, FL 32303