

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90008 015 ***550.00

DOCUMENT # P97000084632

1. Entity Name
CURB IT, INC.



Principal Place of Business
**4362 HIDDEN RIVER RD
SARASOTA, FL 34240**

Mailing Address
**PMB 176 5436 FRUITVILLE
SARASOTA, FL 34232**

40113800



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0788250

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONRAD, DEBORAH L
4362 HIDDEN RIVER ROAD
SARASOTA, FL 34240**

Name **Verle L. Conrad**

Street Address (P.O. Box Number is Not Acceptable)
4362 Hidden River Rd

Sarasota

City **Sarasota**

FL

Zip Code

34240

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 5008 apostrophe

(NOTE: Register with Agent's signature required when replacing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **CONRAD, DEBORAH L**
STREET ADDRESS **4362 HIDDEN RIVER ROAD**
CITY-STATE-ZIP **SARASOTA, FL 34240**

TITLE ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **CONRAD, VERLE L**
STREET ADDRESS **4362 HIDDEN RIVER ROAD**
CITY-STATE-ZIP **SARASOTA, FL 34240**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ 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: **Verle L. Conrad**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-07