## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AM Secretary of State

ANNUAL KEPUKI			Secretary of Sta			
DOCUMENT # P970001050  1. Entity Name TEETS, INC.	065					
Principal Place of Business 829 A.E. NEW YORK DELAND, FL 32724	Mailing Address 829 A.E. NEW YORK DELAND, FL 32724		] 	T	11   11   13  14   1  4   16	<b>1</b> 8    11   <b>1</b>    14   14   15
DO NOT WRITE	IN THIS SPA	<b>CE</b>	04282008 4. FE! Numbe 59-348		CR2E034 (1	1/05) Applied For Not Applicable
S. Name and Address of Compat B			5. Certificate	of Status Desired		75 Additional Required
6. Name and Address of Current R TETOR III, PAUL S 829 A.E. NEW YORK AVE DELAND, FL 32724	egistered Agent		•	NÓT W THIS SF		
8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature: typed or printed name of registered agent and printed name of registered agent ag	o site if applicable. (NOTE: Registe  9. Election Campaign Fin.	ared Agent signature requirés		th, in the State of Flo	orida. I am familia	ar with, and accept
10. OFFICERS AND D  THE PSTD  NAME TETOR, PAUL S III  STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724  IIILE  NAME STREET ADDRESS CITY-ST-ZIP	IRECTORS			U0000 05/23/08	0934020 -80015-0:	12 150, 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				NOT W		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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:

CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aul S. TEton Ell

386-742-1326

Daytime Phone #