## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000078761

FILED Feb 26, 2009 Secretary of State

Entity Name: MOJO OF HERNANDO COUN	ITY, INC.
Current Principal Place of Business:	New Principal Place of Business:
4130 LAMSON AVE SPRING HILL, FL 34608	3300 COMMERCIAL WAY SPRING HILL, FL 34606
Current Mailing Address:	New Mailing Address:
4130 LAMSON AVE SPRING HILL, FL 34608	3300 COMMERCIAL WAY SPRING HILL, FL 34606
FEI Number: 59-3533822 FEI Number Applied F	for ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered A	gent: Name and Address of New Registered Agent:
NESSLER, PAUL H JR 10002 CORTEZ BLVD SPRING HILL, FL 34609 US	
The above named entity submits this statemen in the State of Florida.	t for the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Regis	tered Agent Date
Election Campaign Financing Trust Fund Contributio	n ( ).
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: VSTD ( ) Delete Name: ABELL, CHARLES	Title: ST (X) Change ( ) Addition Name: ABELL, CHARLES T ST

3300 COMMERCIAL WAY Address: 3300 COMMERCIAL WAY Address: City-St-Zip: SPRING HILL, FL 34608 City-St-Zip: SPRING HILL, FL 34606

Title: () Delete Title: (X) Change ( ) Addition ABELL, CATHERINE A ABELL, CATHERINE A P Name: Name:

Address: 3300 COMMERCIAL Address: 3300 COMMERCIAL SPRING HILL, FL 34608 SPRING HILL, FL 34606 City-St-Zip: City-St-Zip:

Title: Title: ( ) Change (X) Addition ( ) Delete

COPPONI, PAMELA G VP Name: Name: 3300 COMMERCIAL WAY Address: Address: City-St-Zip: City-St-Zip: SPRING HILL, FL 34606

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: CATHERINE A ABELL Ρ 02/26/2009