

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63023

FILED
Apr 28, 2008
Secretary of State

Entity Name: INKWOOD INCORPORATED

Current Principal Place of Business:

216 S ARMENIA AVE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

216 S ARMENIA AVE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3072632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, JAMES R
1 N. DALE MABRY HWY
SUITE 801
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JIMENEZ, CARLA
Address: 1415 DEIRDRE DRIVE
City-St-Zip: RUSKIN, FL 335704102

Title: P () Delete
Name: REINER, LESLIE ANNE
Address: 811 S EDISON AVENUE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JIMENEZ, CARLA
Address: 400 BEACH DR NE #1201
City-St-Zip: ST PETERSBURG, FL 33701

Title: VP (X) Change () Addition
Name: REINER, LESLIE ANNE
Address: 811 S EDISON AVENUE
City-St-Zip: TAMPA, FL 33609

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: CARLA JIMENEZ

P

04/28/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date