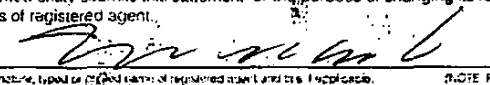
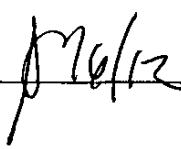
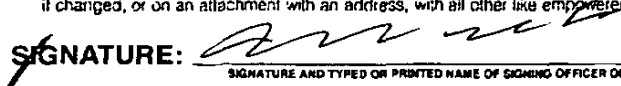


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

5/14/2008-90013-025-\$150.00-\$150.00

DOCUMENT # V22542 1. Entity Name CAGE 1722-B, INC.			
Principal Place of Business 1718 KINGSLEY AVENUE ORANGE PARK FL 32073		Mailing Address 1718 KINGSLEY AVENUE ORANGE PARK FL 32073	
2. Principal Place of Business - No P.O. Box # ✓ 1722 Kingsley Ave		3. Mailing Address 1722 Kingsley Ave.	
Suite, Apt. #, etc. Ste 195		Suite, Apt. #, etc. Ste 195	
City & State Orange Park, FL		City & State Orange Park, FL	
Zip 32073	Country USA	Zip 32073	Country USA
4. FEI Number 59-3113757		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent WILHITE, MARVIN E 1718 KINGSLEY AVENUE ORANGE PARK FL 32073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 fee application. (NOTE: Registered Agent signature required when changing office) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	PR WILHITE, MARVIN E 1718 KINGSLEY AVE ORANGE PARK FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	