


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90006 030 ***150.00

DOCUMENT # V60103		
1. Entity Name SIDETRACKED AGAIN, INC.		
Principal Place of Business 2850 NE 150TH AVE WILLISTON, FL 32696 US	Mailing Address 2850 NE 150TH AVE WILLISTON, FL 32696 US	



03092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3185233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOEHLER, CHARLES T 2850 NE 150TH AVENUE WILLISTON, FL 32696	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOEHLER, CHARLES T 2850 NE 150TH AVE WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOEHLER, REBECCA 2850 NE 150TH AVE WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOEHLER JR, CHARLES T 5451 NE 155 AVE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Charles Koehler* **CHARLES KOEHLER** **- PRESIDENT -** **3/27/08** **(352) 339-2578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #