


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000000854**

1. Entity Name  
 362 6700 CORP.



Principal Place of Business  
 40457 US 19 NORTH  
 TARPON SPRINGS, FL

Mailing Address  
 40457 US 19 NORTH  
 TARPON SPRINGS, FL

**DO NOT WRITE IN THIS SPACE**



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 93-1043580

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Applied For  
 Not Applicable

5. Name and Address of Current Registered Agent

ELLIOTT, JIM  
 40457 US 19 NORTH  
 TARPON SPRINGS, FL

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PST WASYLINK, DANIEL 40457 US 19 N TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLAND, DONALD 475 SOUTH ROCKY RIVER DR BEREA, OH 44017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 07/29/05-R0008-014 558.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Daniel Wasylink* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 7/29/05 Daytime Phone # \_\_\_\_\_