

# 2007. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED


07 APR 24 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*asc*

**DOCUMENT # N04000000347**

1. Entity Name  
**MISSION EARTH FOUNDATION, INC.**




Principal Place of Business  
**1435 PIEDMONT DR. E.  
#202-3  
TALLAHASSEE, FL 32308**

Mailing Address  
**1435 PIEDMONT DR. E.  
#202-3  
TALLAHASSEE, FL 32308**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



04022007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**01-0805077**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ANGERER, ROBERT J SR  
1435 PIEDMONT DR. E.  
SUITE 202-3  
TALLAHASSEE, FL 32308**

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 \_\_\_\_\_

**800099198308**  
**04/27/07--01002--006 \*\*61.25**

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	ANGERER, ROBERT J SR	7268 BLOUNTSTOWN HWY	TALLAHASSEE, FL 32310	<input type="checkbox"/>
SD	ANGERER, JANETTE C	7268 BLOUNTSTOWN HWY	TALLAHASSEE, FL 32310	<input type="checkbox"/>
VPD	ANGERER, ROBERT J JR	7268 BLOUNTSTOWN HWY	TALLAHASSEE, FL 32310	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	Angerer, Robert J. Sr.	1435 Piedmont Drive E., Suite 202	Tallahassee, FL 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Angerer, Janette C.	1435 Piedmont Drive E., Suite 202	Tallahassee, FL 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Angerer, Robert J. Jr.	1435 Piedmont Drive E., Suite 202	Tallahassee, FL 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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: *Robert J. Angerer* **Robert J. Angerer, SR.** **4/14/07** **850-576-5982**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #