

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90037 007 ***150.00

40007420



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3785929

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CREBER, WAYNE
8257 NEEDLES DRIVE
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(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 D
NAME CREBER, WAYNE
STREET ADDRESS 8257 NEEDLES DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE D
NAME MANCUSO, RAYMOND
STREET ADDRESS 479 MARINER DRIVE
CITY-ST-ZIP JUPITER, FL 33477

TITLE D
NAME ERICKSON, MICHAEL
STREET ADDRESS 1500 AUSTRALIAN AVE
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE D
NAME WILENSKY, WILLIAM
STREET ADDRESS 406 PUMPKIN DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE D
NAME WEAVER, BRIAN
STREET ADDRESS 1000 KARA WAY
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #