

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUL 20 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07112007 Chg-P CR2E034 (12/06)

4. FEI Number **59-1085095** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMSON, ROBERT
10400 GRIFFIN RD. #210
COOPER CITY, FL 33328

Name **Barbara Williamson**
Street Address (P.O. Box Number is Not Acceptable)
10400 Griffin Road, #210
City **Cooper City** FL Zip Code **33328**

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 *Barbara Williamson* **Barbara Williamson** 7/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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 | Delete |
|-------|--------------------|------------------------|-----------------|-------------------------------------|
| PD | WILLIAMSON, ROBERT | 10400 GRIFFIN RD. #210 | COPPER CITY, FL | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | Change | Addition |
|-------|--------------------|--------------------------|-----------------------|-------------------------------------|--------------------------|
| PD | Barbara Williamson | 10400 Griffin Road, #210 | Cooper City, FL 33328 | <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"/> |
| | | | | <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 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: *Barbara Williamson* **Barbara Williamson** 7/11/07 954-434-7925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #