

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90020 011 ***150.00

40110540



01162007 Chg-P CR2E034 (12/06)

4. FEI Number
59-0977920

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, LARRY K.
5377 ASHTON CT
SARASOTA FLA., FL 34233

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, LARRY K.	
STREET ADDRESS	5377 ASHTON CT.	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASTINGS, HERBERT N	
STREET ADDRESS	8477 TURNBERRY CIR	
CITY-ST-ZIP	SARASOTA, FL 00000, 34241	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUCK, ALLAN	
STREET ADDRESS	5377 ASHTON CT.	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HASTINGS, JOANNE R	
STREET ADDRESS	8477 TURNBERRY CIR	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCULLERS, STEVEN D	
STREET ADDRESS	3322 SILVERMOON DR	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: JOANNE R. HASTINGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-07 (941) 921-5511
Date Daytime Phone #