

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 05, 2007 08:00 A
Secretary of State

*pd 150
OK
738*



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1059790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAYDEN, MARY B
1955 N. HIGHWAY A1A
INDIALANTIC, FL 32903

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000656516
03/14/07-80026-020.150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAMINSKI, JAMES G 159 E. CORAL WAY INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMINSKI, KARL T 302 E. MELBOURNE AVENUE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAYDEN, D. BRYAN 401 MICHIGAN AVENUE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAYDEN, MARY B 1955 N. HIGHWAY A1A INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABLE, MARILYN K 6614 GRENVILLE ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTEAD, CAROLYN J 732 N.W. HARRIS LANE DR. LAKE CITY, FL 32055

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 #

3-1-07 321-723-3113