<u>_</u>	DO7 FOR PROF ANNUAL F MENT # 383515	EPORT (AF			FILED Feb 12, 2007 08:00 A	
1. Enlity Nan		-			Secretary of State	
6206 COLU	co (Business IMBIA DR DN FL 34207	Mailing Address 6206 COLUMBIA DR BRADENTON FL 342	07			
2. Principal P	Place of Business - No P O, Box #	3. Mailing Address			anna 1110, 1976a mar anns mar ann ann ann ann ann ann ann ann ann a	
Suite, Api. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)		
City & State		City & Stato		4. FEI Numb	59-134901/	
Zıp	Country	Zip	Country	5. Certificate	S. Cortificate of Status Desired Second De	
	6. Name and Address of Curren	t Registered Agent	Namo	7. Name an	d Address of New Registered Agent	
SINGLETARY, WILLIAM G 6206 COLUMBIA DR BRADENTON FL 34207				Stroot Address (P.O. Box Number is Not Acceptable)		
			City	,	FL Zip Code	
	named entity submits this statement l ions of registered agent.	or the purpose of changing its	s registered offico or regis	lered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	f and title r applicable, (NO)	E: Rogistered Agent signature requi	red when reinstaling}	DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.0 Payable to Florida Department c				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS	CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Street address City - St-Zip	SINGLETARY, WILLIAM G 6206 COLUMBIA DR BRADENTON FL 34207	Delele	1111E NAME STREET ADDRESS CITY-S1-ZIP		Change Addition	
TITLE NAME STREET ADDRISS CITY - ST-ZIP	VST SINGLETARY, CANDACE E 6206 COLUMBIA DR BRADENTON FL 34207	Delete	THLE" NAME STRFET ADDRI SS CITY-SI-ZIP		Change Addition	
THLE NAMF STREET ADDRESS CHTY-ST-ZIP	V HAECK. RUBERT A 01835 SPRING LAKE RD FRUITLAND PARK FL	Delete	TITLE NAME STRUET ADDRI SS CITY - ST - ZIP		02/20/07-80052-025 150 00 Change Addition	
TITLE NAME Street address City-st-zip	V WISE, HAL J 13226 113TH AVE N LARGO FL	Deleie	TITLE NAME STREET ADDRESS CITY - SI - ZIP		Change Addition	
TITLE Name Street address City - St - Zip		Delete	IIFLE NAME STREET ADDRTSS CHY+SI-ZIP		🗌 Change 🔄 Addition	
TITLE Name Stree I address City- St-Zip		Delete	TITLE NAME STREET ADDRI SS CITY - ST-ZIP		Change Addition	
indicated of the cor	on this report or supplemental report poration or the receiver or trustee em d, or on an attachment with an addre	is true and accurate and that is powered to exocute this ropo ss, with all other like empower 6 6 5 5 6	my signature shall have the rt as required by Chapter i	e same legal offe 607, Florida Statu	19, Florida Statutes. I further certify that the information set as if made under eath: that I am an officer or director ules; and that my name appears in Block 10 or Block 11 P-07 941-795-1830 Date Davime Phone #	