

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90069 007 ***150.00

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04262007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1591023

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

6. Name and Address of Current Registered Agent

MANTELL, SCOTT
300 JEFFORDS ST. STE B
CLEARWATER, FL 33756

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: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-2007

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	MITCHELL, SCOTT	
STREET ADDRESS	300 JEFFORDSD ST STE B	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BORRELLI, PAUL	
STREET ADDRESS	300 JEFFORDS ST STE B	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BURNS, WINTON	
STREET ADDRESS	300 JEFFORDS ST STE B	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLISON, THARNES	
STREET ADDRESS	300 JEFFORDS ST STE B	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHEN, EDWARD	
STREET ADDRESS	300 JEFFORDS ST STE B	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	V	<input type="checkbox"/> Delete
NAME	DABNEY, CONWAY J	
STREET ADDRESS	300 JEFFORDS ST STE B	
CITY-ST-ZIP	CLEARWATER, FL 33756	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Scott Mantell	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Thomas Allison	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-2007