

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007 SEP 18 AM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08212007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1608164

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRANT, JOHN A., JR., ATTORNEY
1715 N WESTSHORE BLVD
SUITE 750
TAMPA, FL 33607-0926

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

400109570054

09/18/07--01024--007 **550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUNCH, PATRICIA A
STREET ADDRESS	3631 BERGER RD
CITY - ST - ZIP	LUTZ, FL 33548
TITLE	STD
NAME	BUNCH, PATRICIA A
STREET ADDRESS	3631 BERGER RD
CITY - ST - ZIP	LUTZ, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 #

9/19/07