



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 576560 1. Entity Name BIEHL'S SLIP-NOT, INC.			
Principal Place of Business 1601 SOUTH TAMiami TRAIL PUNTA GORDA, FL 33950		Mailing Address 1601 SOUTH TAMiami TRAIL PUNTA GORDA, FL 33950	
DO NOT WRITE IN THIS SPACE			
		02042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2102330	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIEHL, DANNY L 1601 SOUTH TAMiami TRAIL PUNTA GORDA, FL 33950		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000645486 03/05/07-80009-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIEHL, DANNY L 1601 S TAMiami TRAIL PUNTA GORDA, FL 00000,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIEHL, BARBARA 1601 S TAMiami TRL PUNTA GORDA, FL 33950		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STANFIELD, NANCY 7051 PINEWOOD LANE PUNTA GORDA, FL 33950		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIEHL, KEVIN P 1601 TAMiami TRAIL #63 PUNTA GORDA, FL 33950		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT FARMER, DANIELLE H 1601 TAMiami TRAIL #20 PUNTA GORDA, FL 33950		
TITLE 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: <u>Danielle Farmer</u> <u>SAT Danielle Farmer</u> <u>2/17/07</u> <u>941-639-7677</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	