

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90011 029 \*\*\*150.00

40040046



03202007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-1292999

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DONAHUE, DENNIS J  
1616 WOODWARD STREET  
ORLANDO, FL 32803

## 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, 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

## 10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	GERBER, ADAM	
STREET ADDRESS	1616 WOODWARD ST	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOPEZ, JUAN A	
STREET ADDRESS	1616 WOODWARD ST	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DONAHUE, DENNIS J.	
STREET ADDRESS	1616 WOODWARD ST.	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KATA, EDWARD J	
STREET ADDRESS	1616 WOODWARD STREET	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGES, CLETUS	
STREET ADDRESS	1616 WOODWARD ST	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REINE, M.D., ALDEN	
STREET ADDRESS	1616 WOODWARD STREET	
CITY-ST-ZIP	ORLANDO, FL 32803	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adam Gerber

3/20/07

Date

407-896-1181

Daytime Phone #