

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 23 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2003920	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

MILLER, M L
302 3RD STREET
SUITE 1
NEPTUNE BEACH, FL 32233

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	ST
NAME	MILLER, LANCE
STREET ADDRESS	302 3RD STREET, STE. 1
CITY-ST-ZIP	NEPTUNE BEACH, FL
TITLE	V
NAME	FRANCESCHI, LEE ANN
STREET ADDRESS	2909 IVANHOE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	P
NAME	KEEN, J V II
STREET ADDRESS	504 SWEETWATER CLUB CIR
CITY-ST-ZIP	LONGWOOD, FL
TITLE	C
NAME	WACKSMAN, JAMES F
STREET ADDRESS	2644 STONEGATE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800098564538
04/25/07--01038--005 **150.00

**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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 850-385-3366
Date Daytime Phone #