## 2007 FOR PROFIT CORPORATION - ANNUAL REPORT

## FILED Feb 09, 2007 08:00 AM Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # 673858 ELFORD P.A.					56	creta	ry or	State
Suite, April 4 and    Suite, April 4 and   City & State	3277 FRUITV BLDG C-1	TILLE ROAD	3277 FRUITVILLE RO BLDG C-1							COMMISSION OF THE PROPERTY OF
City & State  Ci	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Zep Country Zip Country 5. Certificate or Status Desired	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc				01052007	Chg-P	CR2E03	4 (12/06)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  TELFORD, LESUE 3277 FRUITVILLE ROAD BLIDG C-1 SARASOTA, FL 34237  City FL 20: Code  Street Address (P.O. Box Number is Not Acceptable)  City FL 20: Code  Street Address (P.O. Box Number is Not Acceptable)  SIGNATURE:  (IV) FL 20: Code  City FL 20: Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  DOT:  (IV) FL 20: Code  City FL 20: Code  Street Address (P.O. Box Number is Not Acceptable)  SIGNATURE:  (IV) FL 20: Code  City FL 20: Code  Street Address (P.O. Box Number is Not Acceptable)  DATE  (IV) FL 20: Code  City FL 20: Code  City FL 20: Code  City FL 20: Code  Street Address (P.O. Box Number is Not Acceptable)  DATE  SIGNATURE:  (IV) FL Inspersor Agent speaker recurse agent, or both, in the State of Florida, Lem Jamillor, with, and accept the depth of the speaker agent agent are recurse agent, or both, in the State of Florida, Lem Jamillor, with, and accept the City Address (P.O. Box Number is Not Acceptable)  DATE  FELE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  D. Election Campaign Financing  TILE NOW!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  D. Election Campaign Financing  TILE NOW.  TELFORD, LESUIE  STREET AGENTS	City & State	9	City & State	City & State			-		<del></del>	
6. Name and Address of New Registered Agent  TELFORD, LESUE 3777 FRUITVILLE ROAD BLDG C-1 SARASOTA, FL 34237  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forlda, Lam Jerpillar, with, and accept the obligations of registered agent, and provided agent.  SIGNATURE  FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  7. SECTION Registered Agent specials received when retreated to Provide Agent specials received agent, or both in the State Agent specials received received received agent.  ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE AGENT Specials and the Agent specials received agent, or both in the State Agent specials received agent, or both in the State Agent specials received agent, or both in the Agent specials received agent, or both in the Agent specials received agent, or both in the Agent specials received agent received when received agent specials received agent received when received agent specials received agent received agent received agent received when received agent agent a	Zip	Country	Country Zip Coi		try	5 Certificate of Status Desired   \$8.75 Ad				
TELE FORD, LESUE SARASOTA, FL. 34237  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fortide, Lend simple, with, and accept the obligations of registered agent.  SIGNATURE:  FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. DATC  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NAME TELFORD, LESUE STREET ADDRESS 277 FRUITVILLE ROAD BLDG C-1 STREET ADDRESS 377 FRUITVILLE ROAD BLDG C-1		6. Name and Address of Curr	ent Registered Agent			7. Name and	Address of New I		<u> </u>	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	TELFORD	. LESLIE			Name					
City FL Zop Code  3. The above named entity submits dissistainment for the purpose of changing its registered office for registered agent, or both, in the State of Florida, i. em. Jeppillar, with, and accept the obligations of registered agent, in both, in the State of Florida, i. em. Jeppillar, with, and accept the obligations of registered agent, in both, in the State of Florida, i. em. Jeppillar, with, and accept the obligations of registered agent, in both, in the State of Florida, i. em. Jeppillar, with, and accept the obligations of registered agent, in both, in the State of Florida, i. em. Jeppillar, with, and accept the obligations of registered agent, in both, in the State of Florida, i. em. Jeppillar, with, and accept the obligations of registered agent, in both, in the State of Florida, i. em. Jeppillar, with, and accept the obligations of registered agent, in both, in the State of Florida, i. em. Jeppillar, with, and accept the obligations of registered agent, in both, in the State of Florida, i. em. Jeppillar, with, and accept the obligations of registered agent, in both, in the State of Florida, i. em. Jeppillar, with, and accept the obligations of Florida, i. em. Jeppillar, with, and accept the obligations of Florida, i. em. Jeppillar, with, and accept the obligations of Florida, i. em. Jeppillar, with, and accept the obligations of Florida, i. em. Jeppillar, with, and accept the obligation of Florida, i. em. Jeppillar, with, and accept the obligation of Florida, i. em. Jeppillar, with, and accept the obligation of Florida, i. em. Jeppillar, with, and accept the obligation of Florida Statuse, and the information of the obligation of the obliga		TVILLE ROAD		Street Address (P.O. Box Number is Not Acceptable)						
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, Lem Jamiliar, with, and accept the obligations of registered agent, or both, in the State of Florida, Lem Jamiliar, with, and accept the obligations of registered agent, or both, in the State of Florida, Lem Jamiliar, with, and accept the obligations of registered agent, or both, in the State of Florida, Lem Jamiliar, with, and accept the obligations of registered agent, or both, in the State of Florida, Lem Jamiliar, with, and accept the obligations of registered agent, or both, in the State of Florida, Lem Jamiliar, with, and accept the obligations of registered agent, or both, in the State of Florida, Lem Jamiliar, with, and accept the obligations of registered agent, or both, in the State of Florida, Lem Jamiliar, with, and accept the obligations of registered agent, or both, in the State of Florida, Lem Jamiliar, with, and accept the obligations of registered agent, or both, in the State of Florida, Lem Jamiliar, with, and accept the obligations of registered agent, or both, in the State of Florida, Lem Jamiliar, with, and accept the obligations of registered agent, or both, in the State of Florida, Lem Jamiliar, with, and accept the obligations of Florida State of Florida, Lem Jamiliar, with, and accept the Added to Foes and accept the Added to Foes and Foes and Added to Foes and Foes and Added to Foes and Foes and Foes and Added to Foes and		A, FL 34237								
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   Delete   TITLE   NAME STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP    12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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:	NAME STREET ADDRESS		☐ Delate	nam Stri	RE RET ADDRESS		•		☐ Change	Addition
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SIGNATURE: # 200 TYPETO OF PRINTED MAJE OF SIGNING OFFICER OF DIRECTOR	indicated of the cor	I on this report or supplemental rep rporation or the receiver or trustee of , or on an attachment with an addre	ort is true and accurate and the empowered to execute this rep	at my signa ort as requ	iture chall have the	nama laggal affa	nt se if made under	roath that I a	m on officer	or director
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