## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90184 028 \*\*\*\*61.25

DOCUMENT # 724740  1. Entity Name CPL LARRY E. SMEDLEY DETACHMENT, INC.								01-16-2007 90184 028 ****61.25	
Principal Place of Business NAT NACCARATO 14269 CENTERGATE LN., APT. 102 ORLANDO, FL 32814 US				Mailing Address NAT NACCARATO 14269 CENTERGATE LN., APT. 102 ORLANDO, FL 32814 US			Tris .		
2. Principal Place of Business - No P.O. Box # ROGER POPWELL Suite, Apt. #, etc.				3. Mailing Address ROGER Popwell Suite, Apt. #, etc.				01052007 Chg-NP CR2E037 (12/06)	
112 FAIRWAY TEN DR				City & State  CASSCO HERRY  FI				4. FEI Number Applied For	$\Box$
Zip Country 7/32707 USA			Zip	Zip Cou				59-2939437 Not Applicable  5. Certificate of Status Desired See Required Fee Required	le
3470	6. Name	us A			•	15A		7. Name and Address of New Registered Agent	$\dashv$
						Name Robor Popwell			
NACCARATO, NAT 4269 CENTERGATE LN						Street Address (P.O. Box Number is Not Acceptable)			
	APT. 102 CRLANDO, FL, 32814								٦
						City CASSelborry FL Zip Code 32707			
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 account									ıt
the obligations of registered agent.  1/5/2017									
SIGNATURE Kog Phull Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaign Fir Trust Fund Contribution								\$5.00 May Be Added to Fees Florida Department of State	
10.		OFFICERS AND DIR	ECTORS	/	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	$\Box$
TITLE NAME	DP	AN, RUSS		Delete	TITL NAN		DP	mas on Races	)N
STREET ADDRESS	7450 MO			TADDRESS 10/04 BRIGIE WOOD AVE					
CITY-ST-ZIP	ORLANDO, FL 32822					-ST-ZIP	011	CIANUD EL SAYJS	_
TITLE NAME	D FLENNIK	EN, WILLIAM R		Delete	TITL Nam		D	Johnny R Popwell Grange Addition 112 FAIRWAY TEN DR	חנ
STREET ADDRESS City-St-Zip		NTA CRUZ ZVE LLE. FL 32780				EET ADDRESS (-ST-ZIP		CASSelberry F-1 32707	i
TITLE	D	LE. FL 32760		Delete	ŤΠL				
NAME	TOPOLE	SKI, ED		La policio	NAN		Ro	oy w BARTels Strange Addition Addition Addition BR Grand BR ASSOLVERY FL 32707	
STREET ADDRESS		NTER SPRINGS BLVD.				EET ADORESS (-ST-ZIP	2.3	38 OAK WOOL DIC 37717	
CITY-ST-ZIP	DT	SPRINGS, FL 32708		Delete	TITL		61	Change Addition	
NAME	I -	ATO, NAT		ET DERGE	NAN				
STREET ADDRESS CITY-ST-ZIP		NTERGATE LANE SPT IO. FL 32814	. 102			eet adoress (-St-Zip			
TITLE	D			☐ Defete	TITL	E		☐ Change ☐ Addition	۵n
NAME CTREET LORDES	ı	STEVEN W			NAM	AE EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-					
TITLE	D			☐ Delete TITLI		.E		☐ Change ☐ Addition	on
NAME EBY, PEGGY				NAMI STRE					
STREET ADDRESS 5234 N. INDIANA AVE CITY-ST-ZIP WINTER PARK, FL 32792				•	EET ADORESS 7-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 617, 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: Roger Paper Garry Chy 1/5/2007									_
		SIGNATURE AND TYPED OR P	RANTED HAND	E OF SIGNING OFFICE	POR DEREG	yfor /		Date Osytrne Phone ≇	