

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90243 029 ***150.00

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01022007 Chg-P CR2E034 (12/06)

4. FEI Number **35-1473216** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FASIG, DONALD L
9301 GULFSHORE DR
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name **Francine Parker**
Street Address (P.O. Box Number is Not Acceptable)
9301 Gulfshore Drive
City **Naples** FL Zip Code **34108**

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 *Francine Parker* **Francine Parker** 1-2-07
(NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **FASIG, DONALD L**
STREET ADDRESS **9301 GULFSHORE DR**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **PD** ☒ Delete
NAME **STRANEY, ANITA L**
STREET ADDRESS **5336 CONGO COURT**
CITY-ST-ZIP **CAPE CORAL, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
NAME **Parker, Francine**
STREET ADDRESS **9301 Gulfshore Dr**
CITY-ST-ZIP **Naples, FL 34108**

TITLE **V** ☐ Change ☒ Addition
NAME **Dew, Michael J.**
STREET ADDRESS **9301 Gulfshore Dr**
CITY-ST-ZIP **Naples, FL 34108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Parker, Brandon J.**
STREET ADDRESS **9301 Gulfshore Dr**
CITY-ST-ZIP **Naples, FL 34108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 I am empowered.

SIGNATURE: *Francine Parker* **Francine Parker** 1-2-07 239-597-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #