

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90181 046 ***150.00

40002029



01052007 Chg-P CR2E034 (12/06)

4. FEI Number 75-1670124
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	KRUTTER, FORREST N	
STREET ADDRESS	770 N. 93RD ST, #6 B4	
CITY-ST-ZIP	OMAHA, NE 68114	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ELLIS, WILLIAM THOMAS JR	
STREET ADDRESS	9227 MOSS TRAIL	
CITY-ST-ZIP	DALLAS, TX 75231	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRISON, JANET	
STREET ADDRESS	2311 OX BOW COURT	
CITY-ST-ZIP	ARLINGTON, TX 76006	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIUZZI, JOSEPH R	
STREET ADDRESS	129 MOORE DRIVE	
CITY-ST-ZIP	MEDIA, PA 19063	
TITLE	S	<input type="checkbox"/> Delete
NAME	GULLEDGE, ALEXANDRA N	
STREET ADDRESS	1513 COMANCHE DRIVE	
CITY-ST-ZIP	ALLEN, TX 75013	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	GIESTKEMPER, DALE	
STREET ADDRESS	7718 GIRARD CIRCLE	
CITY-ST-ZIP	OMAHA, NE 68122	

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

1/16/07 214-559-1681
Date Daytime Phone #