

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90096 020 ***150.00

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1. Entity Name
MICRO SWEEP CORPORATION



Principal Place of Business
**6222 TOWER LANE
B-4
SARASOTA, FL 34240**

Mailing Address
**6222 TOWER LANE
B-4
SARASOTA, FL 34240**

60011407



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1154309

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS, JOHN
6222 TOWER LANE
B-4
SARASOTA, FL 34240**

**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 _____

**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	CST
NAME	CROSS, WARREN D MD
STREET ADDRESS	6600 CHIMNEY ROCK 2ND FL 5420 West Loop South, Ste. 4200
CITY-ST-ZIP	HOUSTON, TX 77001 Bellaire, TX 77401
TITLE	DP
NAME	EDWARDS, JOHN L
STREET ADDRESS	6222 TOWER LANE, B-4
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VP
NAME	MONASH, JERRY
STREET ADDRESS	5795 TIMBERLANE TERRACE, NE
CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	VP
NAME	KANE, STEPHEN
STREET ADDRESS	1427 CLAVES COURT
CITY-ST-ZIP	VIENNA, VA 22182
TITLE	VP
NAME	JONES, HARPER
STREET ADDRESS	8600 WESTVIEW DR.
CITY-ST-ZIP	HOUSTON, TX 77055
TITLE	VP
NAME	Ralph Hutchinson
STREET ADDRESS	9930 Huntcliff Trace, Atlanta,
CITY-ST-ZIP	GA 30350

**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: **John L. Edwards**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2007
Date

941-378-9947
Daytime Phone #