

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90062 030 ***150.00

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1. Entity Name
4SURE.COM, INC.



Principal Place of Business
**6 CAMBRIDGE DR.
TRUMBULL, CT 06611**

Mailing Address
**C/O OFFICE DEPOT
P.O. Box 811749
Boca Raton, FL 33481**

2. Principal Place of Business - No P.O. Box #

PO BOX 811749

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOCA RATON, FL

Zip

Country

Zip
33481-1749

Country

01082007

Chg-P

CR2E034 (12/06)

4. FEI Number

06-1520614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable

(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 **C** ☐ Delete
NAME **ODLAND, STEVE**
STREET ADDRESS **2200 OLD GERMANTOWN RD.**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **DP** ☐ Delete
NAME **MARTIN, BRUCE**
STREET ADDRESS **6 CAMBRIDGE DR.**
CITY-ST-ZIP **TRUMBULL, CT 06611**

TITLE **DVP** ☐ Delete
NAME **FANNIN, DAVID**
STREET ADDRESS **2200 OLD GERMANTOWN RD.**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **VP** ☐ Delete
NAME **JAMES, GRADY**
STREET ADDRESS **2200 OLD GERMANTOWN RD.**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

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

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

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis Cosgrave
Officer / Agent

Date

1-22-07

Daytime Phone #

561-955-9108

