2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State
01-31-2007 90047 022 ***150.00

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1. Entity Name
YOU CAN DO, INC.

Principal Place of Business	Mailing Address
2050 NE 39TH STREET, 305E LIGHTHOUSE POINT, FL 33064	2050 NE 39TH STREET, 305E LIGHTHOUSE POINT, FL 33064

66003819

012332007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0148382
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEINER, KARL
2050 NE 39TH STREET, 301E
LIGHTHOUSE POINT, FL 33064

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NUMBER FEE IS $150.00
After May 1, 2007 Fee will be $500.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	WITTEMANN, PETER T
STREET ADDRESS	2050 NE 39TH STREET, 305E
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	V
NAME	DAVIS, CONNIE
STREET ADDRESS	31 TIFFANY PL
CITY-ST-ZIP	E. AMHERST, NY 14221
TITLE	T
NAME	FILIPSKI, THOMAS
STREET ADDRESS	60 ALLOA AVE
CITY-ST-ZIP	AMHERST, NY 14226
TITLE	S
NAME	WITTEMANN, NANCY
STREET ADDRESS	39 COURIER AVE
CITY-ST-ZIP	KENMORE, NY 14212
TITLE	D
NAME	WITTEMANN, PETER T JR.
STREET ADDRESS	76 EASTWICK DR.
CITY-ST-ZIP	WILLIAMSVILLE, NY 14221
TITLE	D
NAME	WITTEMANN, ANDREW J.
STREET ADDRESS	PO BOX 8849
CITY-ST-ZIP	MAMMOTH LAKES, CA 93546

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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.

PETER T. WITTEMANN

SIGNATURE: Peter T Wittemann 1/23/07 716 316 9422
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #