2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 08:00 A Secretary of State

DOCU 1. Entity Nam FIBERTE		4				secreta	iry of St
Principal Plac 8404 NORTH NAPLES, FL	HAMPTON COURT 8	aiting Address 1404 NORTHAMPTON COURT 1APLES, FL 34120					
;				02142007	No Chg-P	CR2E034 (1	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 23-234	er	□ \$8.7	Applied For Not Applicable 75 Additional
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current Regis	tered Agent	1			F88 F	Required
SEILER, E. FRED 8404 NORTHAMPTON COURT NAPLES, FL 34120			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 Signature Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS			(
NAME STREET ADDRESS CITY-ST-ZIP	P SEILER, E. FRED 8404 NORTHAMPTON COURT NAPLES, FL 34120				U0000 04/12/07	069103 8 -80014-03	3 150.00
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE	
TITAT			_				

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 unin an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239 304 - 3057 Daylette Phone #