

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90042 049 ***150.00

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04062007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1952428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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	PD	<input type="checkbox"/> Delete
NAME	SCOTT, WILLIAM J	
STREET ADDRESS	840 N LENOLA RD - UNIT 6	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, JEFF	
STREET ADDRESS	840 N LENOLA RD - UNIT 6	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILIP, WILLIAM	
STREET ADDRESS	840 N LENOLA RD - UNIT 6	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCELANEY, ANDREW J	
STREET ADDRESS	840 N LENOLA RD - UNIT 6	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	
TITLE	D	<input type="checkbox"/> Delete
NAME	VETTEL, MATTHEW T	
STREET ADDRESS	840 N LENOLA RD - UNIT 6	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	
TITLE	D	<input type="checkbox"/> Delete
NAME	YATES, PHILIP	
STREET ADDRESS	840 N LENOLA RD - UNIT 6	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	

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

4/9/07 956-231-467
Date Daytime Phone #