

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90049 015 ***150.00

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01042007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2225531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LASKOWITZ, JACK
1200 W. DR. MARTIN L. KING, JR., BLVD.
PLANT CITY, FL 33563

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 DC
NAME GORDON, MELVIN S
STREET ADDRESS 1200 W DR MLK JR BLVD
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE PD
NAME GORDON, RANDY S
STREET ADDRESS 1200 W DR MLK JR BLVD
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE SD
NAME SCHULIS, TRACY W
STREET ADDRESS 1200 W DR MLK JR BLVD
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE VVVP
NAME GORDON, MARK
STREET ADDRESS 1200 W. DR MLK. JR., BLVD.
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
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: Jack Laskowitz, CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/5/07 Daytime Phone #