

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90029 029 ***150.00

60018696



02072007 Chg-P CR2E034 (12/06)

4. FEI Number **59-2205220** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYLAND, A. FLEET III, DV
520 MOUNTAIN LAKE CUTOFF RD.
LAKE WALES, FL 33859

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 _____ (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 | DP | <input type="checkbox"/> Delete |
| NAME | RYLAND, A. FLEET III, DV | |
| STREET ADDRESS | 520 MOUNTAIN LAKE CUTOFF ROAD | |
| CITY-ST-ZIP | LAKE WALES, FL 33859 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | SCHOTMAN, THOMAS B DVM | |
| STREET ADDRESS | 520 MOUNTAIN LAKE CUTOFF ROAD | |
| CITY-ST-ZIP | LAKE WALES, FL 33859 | |
| TITLE | DVST | <input type="checkbox"/> Delete |
| NAME | MATTHEWS, MICHAEL R DVM | |
| STREET ADDRESS | 520 MOUNTAIN LAKE CUTOFF ROAD | |
| CITY-ST-ZIP | LAKE WALES, FL 33859 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PHILLIPS, WADE M | |
| STREET ADDRESS | 520 MOUNTAIN LAKE CUTOFF ROAD | |
| CITY-ST-ZIP | LAKE WALES, FL 33859 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

2/14/07

Date

863-676-1451

Daytime Phone #