

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90023 032 ***558.75

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1. Entity Name
362 6700 CORP.



Principal Place of Business
**40457 US 19 NORTH
TARPON SPRINGS, FL**

Mailing Address
**40457 US 19 NORTH
TARPON SPRINGS, FL**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06192007

Chg-P

CR2E034 (12/06)

4. FEI Number
93-1043580

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELLIOTT, JIM
40457 US 19 NORTH
TARPON SPRINGS, FL**

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
WASYLINK, DANIEL
40457 US 19 N
TARPON SPRINGS, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SLOAN, RAY L
475 SOUTH ROCKY RIVER DR
BEREA, OH 44017** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**410 7179 Parma Park Blvd
Parma OH 44130**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *X Ray L Sloan VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/07

ATTACHMENT

Florida Department of Revenue - Corporate Income Tax

F-7004
R. 01/07

Florida Tentative Income / Franchise and/or Emergency Excise Tax
Return and Application for Extension of Time to File Return

You must write within the boxes. (example) 0 1 2 3 4 5 6 7 8 9 If typing, type through the boxes. (example) 0 1 2 3 4 5 6 7 8 9
Write your numbers as shown and enter one number per box.

Name 3626700 CORP
Address 40457 US HIGHWAY 19 N
City/St/ZIP TARPON SPRINGS FL 34689-4835

FEIN 93-1043580

Taxable year end: Corporation Partnership
12/31/06 FILING STATUS (Mark "X" in one box only) X

Tentative tax due
(See reverse side)

US DOLLARS | CENTS |
0.00

Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, and that to the best of my knowledge and belief the statements herein are true and correct.

Sign here: X

Date:

Check here if you transmitted
funds electronically

Make checks payable and mail to:
Florida Department of Revenue
5000 W Tennessee St
Tallahassee FL 32399-0000

0600 0 20061231 0002005030 7 4000000004 0973 5

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