


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90011 006 \*\*\*150.00

<b>DOCUMENT # F93000004897</b> 1. Entity Name <b>FILLMORE ENTERPRISES, INC.</b>																																																																	
Principal Place of Business <b>725 CAPE CORAL PARKWAY, WEST CAPE CORAL, FL 33914</b>			Mailing Address <b>3306 SE 22ND AVE CAPE CORAL, FL 33904</b>																																																														
2. Principal Place of Business - No P.O. Box # <b>3306 SE 22nd Ave</b>		3. Mailing Address <div style="border-bottom: 1px solid black; height: 20px;"></div>																																																															
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City & State <b>CAPE CORAL</b>		City & State <div style="border-bottom: 1px solid black; height: 20px;"></div>		4. FEI Number <b>65-0434771</b>																																																													
Zip <b>33904</b>		Country <div style="border-bottom: 1px solid black; height: 20px;"></div>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																													
6. Name and Address of Current Registered Agent  <b>SCHNEIDER-CHRISTIANS, MICHAEL 725 CAPE CORAL PARKWAY, WEST CAPE CORAL, FL 33914</b>				7. Name and Address of New Registered Agent Name <b>SCHNEIDER-CHRISTIANS, MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3306 SE 22nd Ave</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33904</b>																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> <b>PCS</b>  <b>SCHNEIDER-CHRISTIANS, MICHAEL</b> </td> <td style="width: 10%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>3306 SE 22nd Ave</b>  <b>CAPE CORAL FL 33904</b> </td> <td style="width: 10%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><b>725 CAPE CORAL PARKWAY, WEST</b></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>CAPE CORAL, FL 33914</b></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	<b>PCS</b> <b>SCHNEIDER-CHRISTIANS, MICHAEL</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3306 SE 22nd Ave</b> <b>CAPE CORAL FL 33904</b>		NAME	<b>725 CAPE CORAL PARKWAY, WEST</b>		NAME			STREET ADDRESS	<b>CAPE CORAL, FL 33914</b>		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP		
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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.  <b>SIGNATURE:</b> _____ <b>4/15/07</b> <b>239-549-9993</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																																																																	