## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 16, 2007 8:00 am **Secretary of State** DOCUMENT # F97000005505 03-16-2007 90030 003 \*\*\*150.00 NORTHEAST INVESTMENT CORPORATION Principal Place of Business Mailing Address 14350 BRISTOL BAY PL 14350 BRISTOL BAY PL FORT MYERS FL 33912 FORT MYERS FL 33912 3. Mailing Address /42/2 5.W. 28 TH Court Suite. Apt. #, otc. 2. Principal Place of Business - No P.O. Box # 16212 5.W. 28 TH Court Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State Çity & State 4. FEI Number 52-0791879 Applied For Miramar, FL Miramar Not Applicable Country US \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIGLER, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) SIGLER, LAWRENCE M 14350 BRISTOL BAY PL 308 16212 S.W. 28th Court FORT MYERS FL 33912 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD HHE ☐ Defete IITLE Change Addition SIGLER, LAWRENCE M SIGLER, LAWRENCE M. 16212 S.W. 28th Court NAME NAME 14350 BRISTOL BAY PL STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 Miramar, FL 33027 CHY-ST-7IP CHY-SI-ZIP TITLE M Deiete TITLE M Change ☐ Addition SIGLER, JUANITA C. 14212 S.W. 28TH COURT SIGLER, VICTORIA NAME NAME 2100 S OCEAN DR., STE. 10A STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33316 CITY-ST-7IP CITY ST ZIP Miramar, FL 33027 TITLE Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - S1 - ZIP THEF ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST-7IP THE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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. \*\*Description\*\*: The control of the corporation 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. \*\*Description\*\*: The corporation of th

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Fauren

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