

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90023 048 ***150.00

40036277



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2242355

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LPS CORPORATE SERVICES, INC
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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	PD
NAME	GREER, DONALD
STREET ADDRESS	46 N. WASHINGTON BLVD #1
CITY- ST- ZIP	SARASOTA, FL
TITLE	STD
NAME	GREER, DIANA
STREET ADDRESS	46 N. WASHINGTON BLVD #1
CITY- ST- ZIP	SARASOTA, FL
TITLE	VP
NAME	MELVIN, SHIRLEY H
STREET ADDRESS	46 NO. WASHINGTON BLVD. STE 1
CITY- ST- ZIP	SARASOTA, FL
TITLE	VPD
NAME	GREER, KEVIN F
STREET ADDRESS	46 NO. WASHINGTON BLVD. STE 1
CITY- ST- ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Mar 13/07 941-365-0550

Date

Daytime Phone #