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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # H11000

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CLIFFC	on Name ORD J. SCHOTT, J.D., P.A	•				
Principal Place	e of Business	Mailing Address		1 XBD105) BYON NIDAN NEDYH WONNO FONN		<u> </u>
908 SOUTH	FLORIDA	908 SOUTH FLORIDA	ANE			
STE. 102	Compa	STE 102	MYE.			
LAKELAND F	L 33803	LAKELAND FL 33803				
US		US		3. Date Incorporated or Qualified 07/05/1984	3a. Date of La 04/11	
2. Principal P	lace of Business	2a, Maiting Address		4. FEI Number	(11,40	r
21		26		59-2612375		Applied For Not Applicable
Stiffe, Apt.	#, etc.	Suite, Apt. ⊭, etc.		-	_, \$8	3.75 Additional
22		27		5. Certificate of Status Desired		Fee Required
City & Stati	e	City & State		6. Election Campaign Financing	\$	5.00 May Be
23 Z _I p	Country	28		Trust Fund Contribution		Added to Fees
24	25	Ζφ 29]	Country 30	8. This corporation has liability for		der s. 199.032,
<u></u>	9. Name and Address of Curre			Flooda Statutes Yes	s []No Registered Apon	
		· V	81 Name	IV. Maine and Address of New I	negistered Agen	
SCHOTT	, CLIFFORD J			The state persons a six of the own state of community		
	JTH FLORIDA AVENUE		82 Street Add	fress (P.O. Box Number is Not Accepta	bi∈)	
COLONIA	AL BUILDING, SUITE 102		83			
LAKELAI	ND FL 33803		84 Oty			
					—. 85	Zip Code
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4. For hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if playinged for on an attachment withyon address.

SIGNATURE: (

941-686-1138