

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90011 033 \*\*\*158.75

**60013492**



01282007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2557150**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

HATCHER, STEPHEN B.  
315 EAST ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801

## 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 \_\_\_\_\_ (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	PTD	<input type="checkbox"/> Delete
NAME	MASSEY, HARVEY L.	
STREET ADDRESS	1461 VIA TUSCANY	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	MASSEY, ANTHONY L.	
STREET ADDRESS	115 LAMORAK LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VPCS	<input type="checkbox"/> Delete
NAME	BARBARA A. CORINO	
STREET ADDRESS	417 RUTH ST.	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	VPDQ	<input type="checkbox"/> Delete
NAME	JONES, ADAM	
STREET ADDRESS	30 DALEWOOD DR	
CITY-ST-ZIP	DEBARY, FL 32713	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	NOWRY, JEAN MRS.	
STREET ADDRESS	9033 LAKE HOPE DRIVE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ED, DOUGHERTY	
STREET ADDRESS	667 LONG LAKE DRIVE	
CITY-ST-ZIP	OVIDO, FL 32765	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C=	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Massey, Harvey L.	
STREET ADDRESS	1461 Via Tuscany	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Massey, Anthony L.	
STREET ADDRESS	115 Lamorak Lane	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	SVP, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gwyn Elias	
STREET ADDRESS	1630 Common Way Road	
CITY-ST-ZIP	Orlando, FL 32814	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynne Frederick	
STREET ADDRESS	550 Red Mulberry Ct	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Barbara A. Corino **Barbara A. Corino**

1/29/07 407 645-2500

Date Daytime Phone #