2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

achment with an address

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other like empowered

Daytima Phune #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 29, 2007 08:00 AM DOCUMENT # H46549 Secretary of State 1. Entity Namo LEROY W. NELSON P.A. Principal Place of Business Mailing Address 4804 KINGSTON CIRCLE KISSIMMEE FL 34746 4804 KINGSTON CIRCLE KISSIMMEE FL 34746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apl. #. etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2555759 Not Applicable Country Zìp \$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 NELSON, JOANNE L Street Address (P.O. Box Number is Not Acceptable) 4804 KINGSTON CIRCLE KISSIMMEE FL 34741 City 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 accupthe obligations of registered agent. SIGNATURE Signature, typical or printed name of registered agent and title i applicable (NUTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ma Delete 11111 Change Addith NELSON, LEROY W. NAM MAM 4804 KINGSTON CIRCLE STREET ADDRESS U00000607444 SIRELT ADDRESS KISSIMMEE FL CHY SI 7IP CITY ST ZIP 01/31/07-80037-011 150.00 IIIIE ☐ Defete 1111 ☐ Change Airiii. NAME STREET ADDRESS STREET ADDRESS CHY SI 78P CHY SI-7IP 11111 Detete 11111 ☐ Ctrange Addition NAM NAM STREET ADDRESS STREET ADDRESS CHY SI 7IP CITY ST-7IP HTHE Defete 11111 ☐ Change Addin NAM NAM STREET ADDRESS SUBLIT ADDRESS CITY ST 702 CHY ST ZIP 11115 ☐ Delete ☐ Change 11111 Addis. NAME NAME STREET ADDRESS SHELL ADDRESS CITY ST ZIP CHY-SE ZIP ☐ Delele HILE Alisin ☐ Change NAME NAME STILL LADDRESS STREET ADDRESS CITY ST 71P 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 direction of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or the an attachment with an address, with all other like empowered.