

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-15-2007 90035 023 ***150.00

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02082007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3050638

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PERMENTER, WILLIAM D.
43 LAIRD RD.
CRESTVIEW, FL 32539

7. Name and Address of New Registered Agent

Name R Douglas Permenter
Street Address (P.O. Box Number is Not Acceptable)
43 Laird Road
City Crestview FL Zip Code 32539

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] DATE 2/8/07

Signature typed, printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when changing)

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD PERMENTER, WILLIAM 110 CHANTELAIRE CIR GULF BREEZE, FL 32561	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERMENTER, ROBERT D. 282 PLANTATION HILL RD GULF BREEZE, FL 32561	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERMENTER, STEPHANIE D. 103 HIGHLAND AVE BUFFALO, NY 14222	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERMENTER, ELIZABETH A. 110 CHANTELAIRE CIR GULF BREEZE, FL 32561	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. Douglas Permenter 43 Laird Rd. Crestview, FL 32539	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	110 Meadow Rd. Buffalo, NY 14216	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 another like empowered.

SIGNATURE: [Signature] R Douglas Permenter 2/8/07 850-892-2103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #