

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90179 035 ***150.00

DOCUMENT # H83048 1. Entity Name SUNBELT MARKETING & DEVELOPMENT COMPANY					
Principal Place of Business 1014 ROYAL PASS ROAD TAMPA, FL 33602 US			Mailing Address 1014 ROYAL PASS ROAD TAMPA, FL 33602 US		
2. Principal Place of Business - No P.O. Box # 4830 W Kennedy Blvd Suite, Apt. #, etc. 250		3. Mailing Address 4830 W Kennedy Blvd Suite, Apt. #, etc. 250			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-2607311	
Zip 33609		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEISSER, RONALD N 1014 ROYAL PASS ROAD TAMPA, FL 33602				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) Signature, typed or printed name of registered agent and title if applicable. 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WEISSER, RONALD N 1014 ROYAL PASS ROAD TAMPA, FL 33602 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISSER, RONALD N 1014 Royal Pass Rd ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEISSER, JACK S 4830 W Kennedy Blvd #250 Tampa, FL 33609 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERGSCHUEIDER, DAWN WEISSER 4830 W KENNEDY BLVD. #250 Tampa, FL 33609 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 all other like empowered.					
SIGNATURE: <u>Jack Weiss</u> <u>Jack Weiss</u> <u>4-17-07</u> <u>813-367-7553</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					