## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 26, 2007 8:00 am Secretary of State 04-12-2007 90046 025 \*\*\*150.00

DOCUI 1. Entity Nam JEFFREY				66011047									
Principal Ptac 926 SE 9TH		L.— <del></del>	• •		•								
CAPE CORAL	0 US	5	•		95 (Hè) 200 à 211 M91	DI 8111 DIBN: 8+810		51100t at 100t					
Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt.	Suite, Apt. #, etc.	, Apt. #, etc.			01082007	Chg-P	CR2	E034 (12/06)	1				
City & State				City & State			4. FEI Number Applied Fit 59-2741660 Not Applie					]	
Zip				Zip Cour			5. Certificate of Status Desired S8.75 Additional Fee Required						
GName and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
MORROW, JEFFREY A.													]
3106 SUR		Street A	odiess (	P.O. Box Numb	per is Not Accept	able) Olo Siñ	- ath	<+					
CAPE CORAL, FL 33914									<del>10.7</del> _0	XW C.	<u></u>	<u> </u>	1
. City								<u>, are)</u>		F	L ZSS	399 😝	_
	named entity	submits this statement ared agent.	for the p	urpose of changing its	register	ed office o	register	ed agent, or bo	oth, in the State o	f Florida, Ta	m tamiliar with	, and accept	
SIGNATURE_													
Signature, speed or omost name of registered agent and size if applicable (NOTE Registered Agent required which remissionly) DATE												<u> </u>	
		FEE IS \$150.00 7 Fee will be \$550	9. Election Campai Trust Fund Contr	ncing		.00 May Be ed to Fees							
10. OFFICERS AND				DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRE					RS IN 11	1
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NAME		MORROW, JEFFREY				ŀ	and SE other						
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STREET ADDRESS CITY-ST-ZIP	ĺ					£1 ADDRESS S1-21P							
The F	<del> </del>					-	<del> </del>				Channe	C) Addition	1

12. I heraby certify that the information supplied with this filling 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:

SIGNATURE

SIGNATURE AND TYPED OR PRHYED NAME OF SIGNING OFFICER OR DIRECTOR

Date Prove to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with the information of the exemptions of the

STREET ADDRESS

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NAME

STREET ADDRESS