

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # K00770

1. Entity Name

FLORIDA STATEWIDE AGENCIES, INC.



Principal Place of Business

5700 LAKE WORTH ROAD
106
LAKE WORTH FL 33463
US

Mailing Address

5700 LAKE WORTH ROAD
106
LAKE WORTH FL 33463
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0011188**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINBERG, ROY G PRES.
18372 SE HERITAGE DR
TEQUESTA FL 33469

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 ☐ Delete
NAME WEINBERG, ROY G
STREET ADDRESS 18372 SE HERITAGE DR
CITY-STATE-ZIP TEQUESTA FL 33469

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000698938
CITY-STATE-ZIP 04/19/07-80023-006 150.00

TITLE ☐ Delete
NAME KEMPER, CAROLE
STREET ADDRESS 2285 ELDORADO CT
CITY-STATE-ZIP ST CLOUD FL 34771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME LEAHAN, LINDA
STREET ADDRESS 1123 MCKENSIE RD.
CITY-STATE-ZIP LAKE HELEN FL 32744

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/07 561-8171