

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90031 024 ***150.00

DOCUMENT # K01483 1. Entity Name FLORIDA RECORDS CENTER, INC.					
Principal Place of Business 8121 BLAIRE CT SARASOTA, FL 34240 US			Mailing Address 8121 BLAIRE CT SARASOTA, FL 34240 US		
2. Principal Place of Business - No P.O. Box # 7144 ASHLAND GLEN Suite, Apt. #, etc.		3. Mailing Address 7144 ASHLAND GLEN Suite, Apt. #, etc.			
City & State BRADENTON FL Zip 34202		City & State BRADENTON FL Zip 34202		4. FEI Number 65-0010192 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03062007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CROY, LARRY E. 2100 S. TAMiami TRAIL SARASOTA, FL 34239			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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DTS CROY, LARRY E. 2100 S TAMiami TRAIL SARASOTA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, ROBERT M. P.O. BOX N/A LAKEVILLE, MN <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7144 ASHLAND GLEN BRADENTON, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, THERESA L P.O. BOX N/A LAKEVILLE, MN <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7144 ASHLAND GLEN BRADENTON FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/15/07 941-361-1295 Date Daytime Phone		

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