

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90014 024 ***150.00

DOCUMENT # K54689

1. Entity Name
BLACK ROOSTER, INC.



Principal Place of Business

**2000 E. EDGEWOOD DR
SUITE 102
LAKELAND, FL 33803**

Mailing Address

**2000 E. EDGEWOOD DR
SUITE 102
LAKELAND, FL 33803**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2923434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHARDS, GARY F
2000 E. EDGEWOOD DRIVE, SUITE 102
LAKELAND, FL 33803**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	FANCELLI, JULIA JENKINS
STREET ADDRESS	1355 JEFFERSON DRIVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	V
NAME	CRAFT, BRENDA
STREET ADDRESS	215 IMPERIAL BLVD., SUITE C-3
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	V
NAME	RICHARDS, GARY F
STREET ADDRESS	2000 E. EDGEWOOD DR., SUITE 102
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	VAS
NAME	WHEELER, SHARON
STREET ADDRESS	2000 E. EDGEWOOD DR., SUITE 102
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

2/21/2007

Date

863-668-7335

Daytime Phone #