

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007 FEB 27 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0138360 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMES, JEROME J.
11600-106 GLADIOLUS DR.
FORT MYERS, FL 33908

**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

2-14-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME AMES, JEROME J JR
STREET ADDRESS 11600-106 GLADIOLUS DR.
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE VP
NAME AMES, TRACI L
STREET ADDRESS 11600-106 GLADIOLUS DR.
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ST
NAME AMES, KAY A
STREET ADDRESS 4511 S.E. 11TH AVE.
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400089985814
03/02/07--01004--025 **150.00

**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

Date

Daytime Phone #

2-14-07