


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90060 006 \*\*\*150.00

<b>DOCUMENT # L14504</b> 1. Entity Name <b>THE FIBER SESSION, INC.</b>			
Principal Place of Business <b>11405 ROCKY PINES RD. JUPITER, FL 33478</b>		Mailing Address <b>11405 ROCKY PINES RD. JUPITER, FL 33478</b>	
2. Principal Place of Business - No P.O. Box # <b>11405 172ND PLACEN</b>		3. Mailing Address <b>11405 172ND PLACEN</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>JUPITER, FL</b>		City & State <b>JUPITER, FL</b>	
Zip <b>33478-5319</b>		Zip <b>33478-5319</b>	
Country 		Country 	
4. FEI Number <b>65-0217056</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEEDLY, RONALD L 11405 ROCKY PINES ROAD JUPITER, FL 33478</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEDLY, RONALD L MR	NAME	
STREET ADDRESS	11405 ROCKY PINES RD	STREET ADDRESS	<b>11405 172ND PLACEN</b>
CITY-ST-ZIP	JUPITER, FL 33478	CITY-ST-ZIP	<b>JUPITER, FL 33478-5319</b>
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEDLY, RONALD L MR	NAME	
STREET ADDRESS	11405 ROCKY PINES RD	STREET ADDRESS	<b>11405 172ND PLACEN</b>
CITY-ST-ZIP	JUPITER, FL 33478	CITY-ST-ZIP	<b>JUPITER, FL 33478-5319</b>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Ronald Steedly **RONALD STEEDLY** **3-17-07 (561) 746-0925**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #