2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 8:00 am Secretary of State 01-22-2007 90075 035 ***150.00

1. Entity Name	MENT # L19506 GONZALEZ & MYERS, P.#	۸.			01-22-2007		3.00
Principal Place 5100-78TH A STE. 1 PINELLAS PA		Mailing Address 5100-78TH AVE STE. 1 PINELLAS PARK, FL	33781			? -160 860 800 800 800 800	(11) (11)
2. Principal Pl	ace of Business - No P.O. Box # Loto 1D Street #, etc.	3. Mailing Address 13137 66 Suite, Apt. #, etc.	th Stra	0118200	7 Chg-P	CR2E034 (12/06)	
City & State		City & State	FL Country		nber 970580 ate of Status Desired	\$8.75 Add	oplied For ot Applicable ditional
3377	6. Name and Address of Current F	Registered Agent	<u> </u>		nd Address of New R	Fee Requirer	d
5100-78TH STE. 1	TOMMY, R. I AVE PARK, FL 33781		Street /	·	Tommy nber is Not Acceptable a W to 5	R. A	Mange Daly
	named entity submits this statement for ions of registered agent. \$\frac{1}{3}\cdot\$. Signature, typed or printed name of registered agent a					orida. I am familiar with,	and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees			
10.	OFFICERS AND I		11.	IOITIDOA	NS/CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTON, TOMMY R 5100 78TH AVE., SUITE 1 PINELLAS PARK, FL 33781	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barton,	Tommy R. oth Street 1 33773	G Change Addro	D Addition
NAME STREET ADDRESS CITY-ST-ZIP	TS BARTON, TOMMY R 5100 78TH AVE., SUITE 1 PINELLAS PARK, FL 33781	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	130 rton 70 13137 66	ommy R to street	Addre	Addition 25 Day
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated	certify that the information supplied with ton this report or supplemental report is poration or the receiver or trustee empore, or on an attachment with an address.	true and accurate and th	at my signature shall ort as required by Cl ed.	have the same legal e hapter 607, Florida Sta	effect as if made under tutes; and that my nam	oath; that I am an officer ne appears in Block 10 o	r or director or Block 11 if
SIGNAT	TURE: /ormy &.	Sailer	Tomes	R. Barton	Pres. 1/18	67 727-3	44-1046