

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 MAR 12 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0207116

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

PENUEL, JAMES W JR.
7152 COCA SABAL LA.
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

**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

800094854028
03/27/07--01033--010 **200.00

DO NOT WRITE
IN THIS SPACE

TITLE	D
NAME	PENUEL, JAMES W
STREET ADDRESS	7152 COCA SABAL LANE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	YUDELMAN, PAUL L
STREET ADDRESS	7151 COCA SABLE LANE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	DADRAT, ANDREE
STREET ADDRESS	7152 COCA SABAL LA.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	O'KONSKI, MARK S
STREET ADDRESS	7152 COCA SABAL LA.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	HERRERA, JUAN G
STREET ADDRESS	7152 CORA SABAL LANE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Penuel

2/28/07 239 939 9939

Date

Daytime Phone #

1142W