

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

07 APR 25 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSE



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2892114
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

FITZGERALD, BRIAN E.
903 1/2 N MONROE ST
TALLAHASSEE, FL 32301

**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	D
NAME	FITZGERALD, BRIAN E.
STREET ADDRESS	903 1/2 N MONROE ST
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	PSD
NAME	PETTY, JIMMY R.
STREET ADDRESS	P.O. BOX 204 N/A
CITY-ST-ZIP	CRAWFORDVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300101260813
05/02/07-01056--004 **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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director 4/22/07 800/224-0594
Date Daytime Phone #