

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90048 003 ***150.00

40016624



01242007 Chg-P CR2E034 (12/06)

4. FEI Number **52-1577950** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

FARR, JAMES G
1502 W FLETCHER AVENUE
STE 101
TAMPA, FL 33612

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 | P | <input type="checkbox"/> Delete |
| NAME | WEYGANT, DENA E | |
| STREET ADDRESS | 4901 NEAL ROAD | |
| CITY-ST-ZIP | FORT MYERS, FL 33905 | |
| TITLE | CTSD | <input type="checkbox"/> Delete |
| NAME | FARR, JAMES G | |
| STREET ADDRESS | 1502 W FLETCHER AVENUE STE 101 | |
| CITY-ST-ZIP | TAMPA, FL 33612 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WINOMT, RHIA FARR | |
| STREET ADDRESS | 1502 W FLETCHER AVE STE 101 | |
| CITY-ST-ZIP | TAMPA, FL 33612 | |
| TITLE | EVP | <input type="checkbox"/> Delete |
| NAME | CHURCHWELL, SUSAN E | |
| STREET ADDRESS | 8660 COLLEGE PKWY STE 200 | |
| CITY-ST-ZIP | FORT MYERS, FL 33919 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINANT, Rhia Farr | |
| STREET ADDRESS | 1502 W. Fletcher Av., Ste 101 | |
| CITY-ST-ZIP | Tampa, FL 33612 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

James G. Farr CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES G. FARR

1/29/07

Date

813-962-0548

Daytime Phone #