

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # N00000003668

1. Entity Name
WRITERS, INC.



Principal Place of Business
**1021 LAKELAND HILLS BLVD.
LAKELAND, FL 33805**

Mailing Address
**337 VALLEJO CT.
LAKELAND, FL 33809**



01092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3629085

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, WALTER L
337 VALLEJO COURT
LAKELAND, FL 33809**

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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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000648049
03/06/07-80096-020 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, WALTER L
STREET ADDRESS	337 VALLEJO COURT
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	BROWN, PICOLA C
STREET ADDRESS	5018 SOCRUM LOOP RD
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	RANDOLPH, TIMOTHY
STREET ADDRESS	1415 ALAMEDA DR S
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: Walter L. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07

Date

Daytime Phone # _____