

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001567

FILED
Apr 15, 2007
Secretary of State

Entity Name: THE PLANET SMOOTHIE CFL CO-OP, INC.

Current Principal Place of Business:

815 ORIENTA AVE
2020
ALTAMONTE SPRINGS, FL 327015600 US

New Principal Place of Business:

Current Mailing Address:

815 ORIENTA AVE
2020
ALTAMONTE SPRINGS, FL 327015600 US

New Mailing Address:

FEI Number: 20-2385889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEICOR CONSULTING, INC.
815 ORIENTA AVE
2020
ALTAMONTE SPRINGS, FL 327015600 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERMUDEZ, ADAM
Address: 7 ALAFAYA WOODS BLVD STE 2000
City-St-Zip: OVIEDO, FL 32765 US

Title: T () Delete
Name: DURDEN, RUSTIN
Address: 1210 S. INTERNATIONAL PARKWAY #126
City-St-Zip: LAKE MARY, FL 32746 US

Title: S (X) Delete
Name: MARIANI, YULIYA
Address: 13851 S JOHN YOUNG PARKWAY
City-St-Zip: ORLANDO, FL 32837 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANN, JASON
Address: 380 SOUTH STATE ROAD 434 #1003
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: T (X) Change () Addition
Name: LEHMANN, KEITH
Address: 815 ORIENTA AVE STE 2020
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH LEHMANN

T

04/15/2007

Electronic Signature of Signing Officer or Director

Date