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

DOCUMENT # N06000005770

1. Entity Name



Jan 17, 2007 8:00 am Secretary of State 01-17-2007 90054 044 ****70.00

FILED

Principal Place of Business Amiling Address
Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City Country S. Certificate of Status Desired S. Reme and Address of Current Registered Agent T. Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named critis submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the orbigations of registered agent. Signature Filling Foo is \$61.25 Due by May 1, 2007 S. Election Compaign Financing Trust Fund Contribution. TILE NAME KINSER, DAVID A SIRET AUGUSS KINSER, DAVID A MAKE KINSER, DAVID A SIRET AUGUSS SIRET AUGUS
City & State City & State City & State City & State Country Zip Country Zip Country E. Countr
ZO - 4995457 Not Applicable
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Set Name Name
Name Name Name Name Not Acceptable
JOYCE, JERRY L 20A N. MACDILL AVENUE TAMPA, FL 33609 Sirvest Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Adaction Florida. I am familiar with, and accept the required when renstating) Date FILITY FL Zip Code FL Addido to Fees FL Addid
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Foo is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution.
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
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE
Filing Foe is \$61.25 Due by May 1, 2007 TILE VP KINSER, DAVID A 306 S, BOULEVARD CITY-ST-2IP TILE NAME SIREET ADDRESS CITY-ST-2IP TILE NAME SIREET ADDRESS CITY-ST-2IP TILE NAME SIREET ADDRESS CITY-ST-2IP TILE SECY STREET ADDRESS CITY-ST-2IP TILE STREET ADDRESS CITY-ST-2IP TILE SITRET ADDRESS CITY-ST-2IP TILE DIR STREET ADDRESS CITY-ST-2IP TILE DIR STREET ADDRESS CITY-ST-2IP TILE DIR NAME JONES, WILLIAM TILE DIR NAME STREET ADDRESS STREET ADD
Filling Foo is \$61.25 Due by May 1, 2007 10. OFFICERS AND DIRECTORS Trust Fund Contribution. TITLE VP KINSER, DAVID A SIREET ADDRESS CITY-ST-2IP TITLE TREA RICHARDSON, CAROL Y STREET ADDRESS CITY-ST-2IP STORETS STREET ADDRESS CITY-ST-2IP TITLE SECY STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TITLE DIR NAME JOYCE, JERRY L STREET ADDRESS CITY-ST-2IP TITLE DIR NAME JONES, WILLIAM Addition AMAE JONES, WILLIAM AMAE JONES, WILLIAM AMAE
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VP
TITLE NAME KINSER, DAVID A SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP TILE TREA DORESS CITY-ST-ZIP TILE TREA SIREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TILE TREA SIREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 33823 CITY-ST-ZIP STREET ADDRESS CIT
NAME KINSER, DAVID A NAME SIREET ADDRESS 306 S. BOULEVARD STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP TITLE TREA □ Delete TITLE NAME RICHARDSON, CAROL Y NAME STREET ADDRESS STRET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33710 TITLE SECY NAME SCHMIDT, LYNN A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 33823 CITY-ST-ZIP NAME JOYCE, JERRY L NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33609 TITLE NAME NAME CITY-ST-ZIP TITLE NAME
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TAMPA, FL 33606
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TITLE DIR Delete TITLE Change Addition NAME ONES, WILLIAM NAME
NAME JONES, WILLIAM NAME
CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP
TITLE DIR Delete TITLE SECRETARY Change Addition
NAME JOYCE, JANET M NAME STREET ADDRESS 204 N. MACDILL AVENUE STREET ADDRESS
STREET ADDRESS 204 N. MACDILL AVENUE

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.



813-877-8553

Daytime Phone #