

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90308 001 *****8.75

04-05-2007 90308 002 *****61.25

00000106



04022007 Chg-NP CR2E037 (12/06)

4. FEI Number **34-2063828** ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, KRISTAL S
1606 WOOD VIOLET DR.
ORLANDO, FL 32824

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, SANDRA 1606 WOOD VIOLET DR. ORLANDO, FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, KRISTAL S 1606 WOOD VIOLET DR. ORLANDO, FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OM JONES, JONTAE N 4312 HECTOR CT. APT. 7 ORLANDO, FL 32822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-07

Date

407-694-9911

Daytime Phone #



SWART BAUMRUK & COMPANY, LLP
CERTIFIED PUBLIC ACCOUNTANTS ♦ BUSINESS & FINANCIAL CONSULTANTS

ATTACHMENT

66008149
#PDL0000062687

*** **Business Organizer** ***

**USE FOR YOUR SELF-EMPLOYED OR INDEPENDENT CONTRACTOR
OR UNREIMBURSED EMPLOYEE BUSINESS EXPENSES**



Did you acquire any assets (furniture, computer, equipment, etc.) for use in your business during the year? ☐ Yes ☒ No If Yes, please provide for each:

Description	Date Purchased	Price
		\$
		\$
		\$
		\$
		\$
		\$

(Use an additional sheet of paper, if necessary.)

Vehicle Expenses

ACTUAL EXPENSES:

Date vehicle was placed in service

Vehicle type and model year

Total mileage driven during the year

Business mileage driven during the year

Gasoline, oil, repairs, insurance, registrations, etc.

VEHICLE #1	VEHICLE #2
\$	\$

IF YOU OWN YOUR VEHICLE:

Vehicle cost

Date purchased

Vehicle loan interest paid during the year

\$	\$
\$	\$

IF YOU LEASE YOUR VEHICLE:

Lease payments for the year

Down payment on lease

Date lease began

Length of lease

\$	\$
\$	\$

Home Office

Space (sq. foot) used exclusively for your business office 150
Total space (sq. foot) of home 4492

Rent	\$ 3800.92 mortgage
Utilities	\$ 1440.00
Insurance	\$ 1500.00
Repairs & Maint.	\$
Original cost of home ..	\$ 672,000
Cost of improvements .	\$

Other Expenses
(Security, HOA, etc.):

HOA	\$ 1500.00
Security	\$ 660.00
	\$
	\$



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***** Business Organizer *****

**USE FOR YOUR SELF-EMPLOYED OR INDEPENDENT CONTRACTOR
OR UNREIMBURSED EMPLOYEE BUSINESS EXPENSES**



CLIENT NAME Tracy Hegenbart

TAX YEAR 2006

Business Owner:

☒ **Taxpayer** ☐ **Spouse** ☐ **Joint**

Principal business:

Design and produce clothing

Employer ID#: 20-4815431

Product or service:

Selling Organic Apparel

Business name:

Philosotees

BUSINESS INCOME:

Income/Sales (attach Form(s) 1099 self-employed or independent contractors only) \$ 0.00

BUSINESS EXPENSES: (list Vehicle and Home office expenses on next page)

Advertising	\$ <u>722.65</u>	Telephone (business related)	\$ <u>480.00</u>
Commissions paid	\$ <u>0.00</u>	Cellular Phone	\$ <u>420.00</u>
Employee benefit programs ...	\$ <u>0.00</u>	Bank Charges	\$ <u>0.00</u>
Health Insurance	\$ <u>0.00</u>	Customer gifts/incentives ...	\$ <u>40.00</u>
Insurance (other than health)	\$ <u>0.00</u>	Postage	\$ <u>0.00</u>
Interest expense (business-related loans)	\$ <u>0.00</u>	Photographs	\$ <u>0.00</u>
Legal & professional fees	\$ <u>1,579.00</u>	Promotion	\$ <u>0.00</u>
Pension/profit-sharing plan	\$ <u>0.00</u>	Dues & subscriptions	\$ <u>0.00</u>
Rent/Lease – office/storage ...	\$ <u>0.00</u>	Referral fees/splits	\$ <u>0.00</u>
Repairs & maintenance	\$ <u>0.00</u>	Uniforms	\$ <u>0.00</u>
Supplies	\$ <u>187.53</u>	Recruiting expenses	\$ <u>0.00</u>
Licenses & fees	\$ <u>0.00</u>	Printing	\$ <u>0.00</u>
Travel expenses	\$ <u>536.00</u>	Marketing expenses	\$ <u>0.00</u>
Meals & entertainment	\$ <u>0.00</u>	Casual labor	\$ <u>0.00</u>
Utilities (other than home)	\$ <u>0.00</u>	Internet	\$ <u>0.00</u>
Wages (paid to employees)	\$ <u>0.00</u>		

Additional expenses not listed above:

<u>Art Work Design</u>	\$ <u>927.00</u>		\$
	\$		\$
	\$		\$