

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

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90025 021 \*\*\*\*61.25

40036359



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2995049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

URETTE, MICHAEL E.  
3239 HENDERSON BOULEVARD  
TAMPA, FL 33609

**DO NOT WRITE  
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: \_\_\_\_\_ (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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	URETTE, MICHAEL E.
STREET ADDRESS	3239 HENDERSON BLVD.
CITY-ST-ZIP	TAMPA, FL
TITLE	STD
NAME	URETTE, KAREN G.
STREET ADDRESS	3239 HENDERSON BLVD.
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	HOOD, TARA URETTE
STREET ADDRESS	3239 HENDERSON BLVD.
CITY-ST-ZIP	TAMPA, FL
TITLE	DVP
NAME	URETTE, GARIISON B
STREET ADDRESS	3239 HENDERSON BLVD
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #