## 2007 NOT-FOR-PROFIT CORPORATION

## FILED Apr 05, 2007 8:00 am Secretary of State **ANNUAL REPORT** THE SALE DOCLIMENT # N32979

Second   S	1. Entity Nam GEORGE	TION, INC.	OWNERS		04-05-2	2007 90141 013 ****	<sup>:</sup> 70.00	
Suite, Apt. f. etc.  City & State  City & State  City & State  Country  Cou	P.O. BOX 571		P.O. BOX 571		đđãntana			
City & State  Country	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
Second   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302007 Chg-NP	CR2E037 (12/0	6)	
S. Certificate of Status Desired V Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  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 tamiliar with, and accented the obligations of registeryol agent.  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 tamiliar with, and accented the obligations of registeryol agent.  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 tamiliar with, and accented the obligations of registeryol agent.  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 tamiliar with, and accented the obligations of registered agent. Or both, in the State of Florida. I am tamiliar with, and accented the obligations of registered agent. Or both, in the State of Florida. I am tamiliar with, and accented the obligations of registered agent. Or both, in the State of Florida. I am tamiliar with, and accented the obligations of registered agent. Or both, in the State of Florida. I am tamiliar with, and accented the obligations of registered agent. Or both, in the State of Florida. I am tamiliar with, and accented the obligations of registered agent. Or both, in the State of Florida. I am tamiliar with, and accented agent. Or both, in the State of Florida. I am tamiliar with, and accented agent. Or both, in the State of Florida. I am tamiliar with, and accented agent. Or both, in the State of Florida. I am tamiliar with, and accented agent. Or both, in the State of Florida. I am tamiliar with, and accented agent. Or both, in the State of Florida Department of State of Florida De	City & State		City & State			_E	Applied For Not Applicable	
RINE AURIES  OFFICERS AND DIRECTORS  INC.  OFFICERS AND DIRECTORS IN 10  INC.  FRISKO, JOHN  314 PALM WAY  GEORGETOWN, FL 32139  City  FL  Zip Code  City  Added to Fers  Folda Department of State  Fling Fee is \$61.25  Due by Misy 1, 2007  Due by Misy 1, 2007  Thus Fund Connabusin Financing  Thus Fund Conn	Zip	Country	Zip	Country	5. Certificate of Status De			
FRISKO, JOHN 314 PALIM WAY GEORGETOWN, FL:32139  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 arm naminar with, and accelerate obligations of registered agent.  SIGNATURE X		6. Name and Address of Current	Registered Agent					
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 tamiliar with, and accellente obligations or registered agent.  SIGNATURE X	314 PALM WAY							
SIGNATURE   Column				City		FL Zip (	Gode	
Trust Fund Contribution.    Added to Fees	the obligat	ions of registered agent.	rote					
TITLE NAME FRISKO, JOHN STREET ADDRESS CITY-ST-ZP GEORGETOWN, FL 32139  INTLE NAME LOOMIS, RON STREET AUDRESS CITY-ST-ZP GEORGETOWN, FL 32139  INTLE ST CITY-ST-ZP GEORGETOWN, FL 32139  INTLE ST DUFFY, MARIE W STREET AUDRESS CITY-ST-ZP STREET AUDRESS CITY-ST-ZP FILE NAME STREET AUDRESS CITY-ST-ZP GEORGETOWN, FL 32139  INTLE ST DUFFY, MARIE W STREET AUDRESS CITY-ST-ZP STREET AUDRESS CITY-ST-ZP GEORGETOWN, FL 32139  INTLE ST DUFFY, MARIE W STREET AUDRESS CITY-ST-ZP GEORGETOWN, FL 32139  INTLE ST STREET AUDRESS CITY-ST-ZP GEORGETOWN, FL 32139  INTLE ST STREET AUDRESS CITY-ST-ZP GEORGETOWN, FL 32139  INTLE ST STREET AUDRESS CITY-ST-ZP STREET AUDRESS CITY-ST-ZP STREET AUDRESS CITY-ST-ZP STREET AUDRESS CITY-ST-ZP STREET AUDRESS								
MAME FRISKO, JOHN  STREET ADDRESS CITY-ST-ZIP  INTLE  MAME LOOMIS, RON  STREET ADDRESS CITY-ST-ZIP  INTLE  MAME LOOMIS, RON  STREET ADDRESS CITY-ST-ZIP  INTLE  MAME LOOMIS, RON  STREET ADDRESS CITY-ST-ZIP  INTLE  ST  INTLE  ST  INTLE  MAME  DUFFY, MARIE W  STREET ADDRESS CITY-ST-ZIP  DUFFY, MARIE W  STREET ADDRESS CITY-ST-ZIP  INTLE  MAME  STREET ADDRESS CITY-ST-ZIP  INTLE  MAME STREET ADDRESS CITY-ST-ZIP  INTLE  MAME STREET ADDRESS CITY-ST-ZIP  INTLE  MAME STREET ADDRESS CITY-ST-ZIP  INTLE  MAME STREET ADDRESS CITY-ST-ZIP  Delete  INTLE  MAME STREET ADDRESS CITY-ST-ZIP  DELET  DELET  MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  DELET  MAME STREET ADDRESS	10.	. 61 OFFICERS AND DI			ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	5 IN 10	
NAME LOOMIS, RON STREET AUDRESS TOP PARADISE BLVD GEORGETOWN, FL 32139  TITLE ST NAME DUFFY, MARIE W STREET AUDRESS CITY-ST-ZIP ENTERPRISE, FL 32725  TITLE VP NAME WALLING, STEVE STREET AUDRESS CITY-ST-ZIP ENTERPRISE, FL 32725  TITLE NAME STREET AUDRESS STREET AUDRESS CITY-ST-ZIP ENTERPRISE, FL 32725  TITLE NAME STREET AUDRESS	NAME STREET ADDRESS	FRISKO, JOHN 314 PALM WAY	cete	NAME STREET ADDRESS	and the second second	☐ Chan	ge <b>E</b> ≵Addition	
RILE   NAME   DUFFY, MARIE W   NAME   NAME   NAME   STREET ADDRESS   169 POINCIANA LANE   STREET ADDRESS   CITY-ST-ZIP   ENTERPRISE, FL 32725   CITY-ST-ZIP   Delete   RILE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   ENTERPRISE, FL 32725   CITY-ST-ZIP   CHANGE   STREET ADDRESS   CITY-ST-ZIP   ENTERPRISE, FL 32725   CITY-ST-ZIP   ENTERPRISE, FL 32725   CITY-ST-ZIP   CHANGE   NAME   NAME   NAME   NAME   STREET ADDRESS   STREE	name Street adoress	LOOMIS, RON 726 PARADISE BLVD	III Gelete	117742			-	
NAME STREET ADDRESS CITY-ST-ZIP FILE NAME STREET ADDRESS CITY-ST-ZIP  Delete NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		O.T.						
NAME STREET ADURESS STREET ADURESS		DUFFY, MARIE W 169 POINCIANA LANE	☐ Delete	TITLE NAME STREET ADDRESS		☐ Chan	ge 🗌 Addition	
O(1 O(-2))	TITLE NAME STREET ADDRESS	DUFFY, MARIE W 169 POINCIANA LANE ENTERPRISE, FL 32725 VP WALLING, STEVE 169 POINCIANNA LANE		ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME	DUFFY, MARIE W 169 POINCIANA LANE ENTERPRISE, FL 32725 VP WALLING, STEVE 169 POINCIANNA LANE	□ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Chan	ge 🗍 Add.tron	

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 sustee empowered to execute this report as required by Chapter 617, Florida Statules; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the address, with all other like empowered.

GNATURE:

SENATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE: ∡