2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001741

FILED Apr 30, 2007 Secretary of State

Entity Nar	me: FLORIDA		NC.	
	inc. I LOND	A REPERTORY COMPANY, IN		
Current P	rincipal Place	e of Business:	New Principal Place	of Business:
2267 FIRS FT MYERS	ST ST S, FL 33901			
Current M	lailing Addre	ss:	New Mailing Address	s:
% P.O. BO FT MYERS	X 2483 S, FL 33902		P.O. BOX 2483 FT MYERS, FL 33902	!
FEI Number:	: 65-0827621	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:
CACIOPPO	O, ROBERT			
2267 FIRS	ST STREET ERS, FL 3390	1 US		
2267 FIRS FORT MYE The above	ST STREET ERS, FL 3390		purpose of changing its registered	d office or registered agent, or both,
2267 FIRS FORT MYE The above	ST STREET ERS, FL 3390 named entity of Florida.		purpose of changing its registered	d office or registered agent, or both,
2267 FIRS FORT MYE The above in the State	ST STREET ERS, FL 3390 e named entity e of Florida. RE:			d office or registered agent, or both, Date
2267 FIRS FORT MYE The above in the State SIGNATUF	ST STREET ERS, FL 3390 e named entity e of Florida. RE:	submits this statement for the	gent	
2267 FIRS FORT MYE The above in the State SIGNATUF	ET STREET ERS, FL 3390 e named entity e of Florida. RE: Electro S AND DIREC	submits this statement for the nic Signature of Registered Agerones:) Delete OBERT DR	gent	Date
2267 FIRS FORT MYE The above in the State SIGNATUF OFFICERS Title: Name: Address:	e named entity e of Florida. RE: Electro S AND DIRECT CACIOPPO, R 945 ROBALO I FORT MYERS	submits this statement for the nic Signature of Registered Agerones:) Delete OBERT DR , FL 33919) Delete N DRIVE	gent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS
2267 FIRS FORT MYE The above in the State SIGNATUF OFFICERS Title: Name: Address: City-St-Zip: Title: Name:	ET STREET ERS, FL 3390 e named entity e of Florida. RE: Electro S AND DIREC PD (CACIOPPO, R 945 ROBALO I FORT MYERS MD (MARTIN, JOHN	submits this statement for the nic Signature of Registered Actors:) Delete OBERT DR , FL 33919) Delete	gent ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name:	Date ES TO OFFICERS A () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: JOHN MARTIN MD 04/30/2007