

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000002153**

1. Entity Name  
THE EARTHMAN PROJECT, INC.



Principal Place of Business

12010 NW 15 STREET  
PEMBROKE PINES, FL 33026 US

Mailing Address

12010 NW 15 STREET  
PEMBROKE PINES, FL 33026 US



02192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0868370

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

GLAZER, NEIL S  
2999 NE 191ST ST, SUITE 800  
AVENTURA, FL 33180

**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

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

U000000645244  
03/02/07-80076-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SMITH, LANNY  
STREET ADDRESS 12010 NW 15 STREET  
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE D  
NAME SMITH, SHARMAN B  
STREET ADDRESS 661 SE 15 STREET #103  
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE D  
NAME TECOSKY, AMY  
STREET ADDRESS 12010 NW 15TH STREET  
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 #

2-19-07 954-536-7888