## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2007 8:00 am Secretary of State 04-17-2007 90242 036 \*\*\*150.00

| 1. Entity Nam<br>MCCOY [   | MENT # P00000031  | 982  |   |                   |               | 04-17-2007  | 90242 036 '      | ***150.                        | 00   |
|--|---|--|---|-------------------|---------------|---|------------------|--------------------------------|--|
| Principal Place  | n of Business   | Mailing Address                                    |   |                   | 40            | gov.  |                  |                                |  |
| 6398 DANNE   |   | 6398 DANNER DRIVE                                  |   | 1 .               | -             |   |                  |                                |  |
| UNIT D   | IN DRIVE  | UNIT D   |   | }                 |               |   |                  |                                |  |
| SARASOTA, FL 34240 SARASOTA, FL 34240  |   |  |   |                   |               |   |                  |                                |  |
|  |   |  |   |                   |               | )   <b>4  </b>     <b>12</b>     <b>16</b>     <b>1</b> |                  |                                |  |
| 2051   | lace of Business - No P.O. Box #  |  | 50606   |                   |               |   |                  |                                |  |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.                                |   | 041               | 22007         | Chg-P   | CR2E034          | (12/06)                        |  |
| City & State   | e .   | City & State                                       |   |                   | El Number     | <del></del>   |                  | TApr                           | olied For                                    |
|  | ASOTA FL  | SARASOTA   | テレ  |                   | 5-1013        | 512   |                  | <del></del>                    | Applicable                                   |
| Zip  | Country   | Zip  | Country   |                   | ortificate of | Status Desired  | □ \$8            | .75 Addi                       | tional                                       |
| 34 á   | 7 <u>4</u> 0 <u> </u>   | 34232  |   | <b>3</b> . C      | ertincate of  | Status Desired  |                  | Required                       |  |
|  | 6. Name and Address of Current F  | Registered Agent                                   |   | 7. N              | ame and A     | ddress of New I   | Registered Age   | nt                             |  |
|  |   |  | Name  |                   |               |   |                  |                                |  |
| 1 '  | CHARLES D   | Street Address (P.O. Box Number is Not Acceptable) |   |                   |               |   |                  |                                |  |
| UNIT D   | NER DRIVE   |  | 20  | 5                 | GLOS          | 4C CT   |                  |                                |  |
|  | A, FL 34240   |  |   |                   | - 0           |   |                  |                                |  |
| }  | . ,   |  | City of   |                   |               |   |                  | Zip Code                       |  |
| L  |   |  | 541   | AS o              | TA            |   | FL_              |                                | 40   |
|  | named entity submits this statement for   | the purpose of changing its re                     | egistered office or re  | gistered age      | ent, or both, | in the State of F                                       | lorida. I am fam | iliar with, a                  | and accept                                   |
| the obligat  | tions of registered agent.  | , /  |   |                   | _             |   | ١ ،              |                                |  |
| SIGNATURE  | Charles D. Mis  | CHA!   | eces D. Mo  | e Cor.            | - PLES        | >.  | 4/2/0            | 7                              |  |
| GIGHTHONE  | Signature, typed or printed name of registered agent a  | nd title if apply table. (NOTE: F                  | Registered Agent signature i  | required when rei | instating)    |   | DATE             | 1                              |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.0  | 9. Election Campaig                                |   | \$5.00 м          |               |   |                  |                                |  |
| 1  | -, .,   | n dat i alia contita                               | sution,   | Added to F        | ees           |   |                  |                                |  |
| 10.  | OFFICERS AND  |  | 11.   |                   |               | HANGES TO OF  | FICERS AND DI    | RECTORS                        | 3 (N 11                                      |
| 10.  |   | DIRECTORS  |   |                   |               | HANGES TO OF  |                  | RECTORS                        | S IN 11                                      |
|  | OFFICERS AND  |  | 11.   | ADI               | DITIONS/C     |   | <u> </u>         | _                              |  |
| TITLE  | OFFICERS AND  | DIRECTORS  | 11.   | ADI               | DITIONS/C     |   | <u> </u>         | _                              |  |
| TITLE<br>NAME  | OFFICERS AND DP MCCOY, CHARLES D  | DIRECTORS  | 11.   | ADI               | DITIONS/C     |   | <u> </u>         | _                              |  |
| TITLE<br>NAME<br>STREET ADDRESS  | OFFICERS AND DP MCCOY, CHARLES D 6398 DANNER DR UNIT D SARASOTA, FL 34240 ST  | DIRECTORS  | 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | ADI               | DITIONS/C     | HANGES TO OF  | 34240            | _                              |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | OFFICERS AND DP MCCOY, CHARLES D 6398 DANNER DR UNIT D SARASOTA, FL 34240 ST MCCOY, PAMELA M  | DIRECTORS  Delete                                  | 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | ADI               | DITIONS/C     |   | 34240            | Change                         | Addition                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | OFFICERS AND  DP  MCCOY, CHARLES D  6398 DANNER DR UNIT D  SARASOTA, FL 34240  ST  MCCOY, PAMELA M  6398 DANNER DR UNIT D               | DIRECTORS  Delete                                  | 11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | ADI               | DITIONS/C     |   | 34240            | Change                         | Addition                                     |
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