

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

*Dept. of STATE*



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number **65-1005256** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

SPEER, JUDITH M  
13468 PALM BEACH BOULEVARD  
FT. MYERS, FL 33905

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	SPEER, ROBERT E
STREET ADDRESS	13468 PALM BEACH BLVD
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	P
NAME	SPEER, JUDITH M
STREET ADDRESS	13468 PALM BEACH BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000769459  
07/19/07-80001-025 150.00

**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 607, 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

17-10-07 239-694-7116  
Date Daytime Phone #