2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 08:00 AN Secretary of State

	ANTIOAL	CEPORI		_		Convertant of Cto
1. Entity Nam	MENT # P0000006299	99				Secretary of Sta
Principal Plac		Mailing Address	· · · · · · · · · · · · · · · · · · ·	T		"
	endence ct Da, Fl. 33982	5530 INDEPENDENCE CT PUNTA GORDA, FL 33982				
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	——————————————————————————————————————	<u> </u>				
DO NOT WRITE IN THIS SPAC			^ C	01092007	No Chg-P	CR2E034 (11/05)
			VE	4. FEI Numbe		Applied For
				04-3157	of Status Desired	Not Applicable \$8.75 Additional
	S. Name and Address of Current Reg	istawed Accept	Ţ <u> </u>	3. Certificate	n Greins Dezisa	Fee Required
			1			
WIESMAN, PAUL B 2200 CASSINO CT			DO NOT WRITE			
PUNTA GORDA, FL 33950			IN THIS SPACE			
				***		*
8. The above named antity 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						
					000000	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						
10.	OFFICERS AND DIR	ECTORS	-			
NAME	WIESMAN, PAUL B					
STREET ADDRESS CITY-ST-ZIP	2200 CASSINO COURT PUNTA GORDA, FL 33950					
TITLE	T		1		-	
NAME Street Address	WIESMAN, VIRGINIA 2200 CASSINO COURT					
CSTY - ST - ZIP	PUNTA GORDA, FL 33950					
TITLE NAME	S WOODY, ERIKA		1			
STREET ADDRESS	23358 HORETIO AVE		DΩ	NOT W	DITE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		-	-	–	
TITLE NAME				IN I	THIS SF	ACE
STREET ADDRESS CITY-ST-ZIP						
TIFLE		· · · · · · · · · · · · · · · · · · ·	1			
NAME STREET ADDRESS						
CITY-ST-ZIP						
TITLE			1			
NAME STREET ADDRESS						
CITY-ST-ZIP			<u></u>			
12. I hereby of indicated of the cor changed	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	filing does not qualify for the ex a and accurate and that my signa ed to execute this report as requi all other like empowered	emptions containe ture shall have the ired by Chapter 60	d in Chapter 119 same legal effect 7, Florida Statutes	, Florida Statutes. I ; as if made under o s, and that my nam	further certify that the information path; that I am an officer or director appears in Block 10 or Block 11 if
	<i>V</i>					

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: