

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000078491

1. Entity Name
THE ALTIE-DERRICK COMPANY, INC.



Principal Place of Business

14918 AMERICAN EAGLE CT
FT MYERS, FL 33912

Mailing Address

14918 AMERICAN EAGLE CT
FT MYERS, FL 33912

FILED
Feb 09, 2007 08:00 AM
Secretary of State



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BREWSTER, JANA
14918 AMERICAN EAGLE CT
FT MYERS, FL 33912

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BREWSTER, DERRICK
STREET ADDRESS	14918 AMERICAN EAGLE CT
CITY-ST-ZIP	FT MYERS, FL 33912

TITLE	PRES
NAME	BREWSTER, JANA
STREET ADDRESS	14918 AMERICAN EAGLE CT
CITY-ST-ZIP	FT MYERS, FL 33912

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/19/07-80027-007 150.00

**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

Date

Daytime Phone #