## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 05, 2007 8:00 am Secretary of State DOCUMENT # P00000079197 1. Entity Name COMPREN. INC. 02-05-2007 90091 004 \*\*\*150.00 Principal Place of Business Mailing Address **500 S FLORIDA AVE 500 S FLORIDA AVE** #400 #400 LAKELAND, FL 33801 LAKELAND, FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 757 3rd St. SW 757 3rd St.SW Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01292007 Cha-P 4. FEI Number Applied For Winter Haven Winter Haven 59-3665525 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ଷଷ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jack Hollis HOLLIS, JACK Street Address (P.O. Box Number is Not Acceptable) 500 S FLORIDA AVE **SUITE #400** LAKELAND, FL 33801 Street SW 33880 33880 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 tamiliar with, and accept the obligations of registered agent. 1-30-01 SIGNATURE \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE ☐ Detete TITLE Change Addition HOLLIS, JACK NAME 757 3rd Street SW 500 S FLORIDA AVE STE 400 STREET ADDRESS STREET ADDRESS Winter Huven, FL 33880 LAKELAND, FL 33801 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-70P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY: ST-799 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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