## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Mar 30, 2007 8:00 am **Secretary of State** DOCUMENT # P00000086330 03-30-2007 90139 014 \*\*\*150.00 CORTEZ-GROVE ROAD VENTURE, INC. Principal Place of Business Mailing Address 5514 PARK BLVD 5514 PARK BLVD PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01152007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3673240 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENGLANDER, LEONARD S ESQ. Street Address (P.O. Box Number is Not Acceptable) 721 1ST AVE. N. ST. PETERSBURG, FL 33701 City Zip Code 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 SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requirer) when reinstating; DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Addition ☐ Change BRODERICK, ROGER B NAME NAME STREET ADDRESS 5514 PARK BLVD STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CITY-ST-ZIP VP TITLE ☐ Delete VP, S, T TITLE Change ☐ Addition TAPPAN, CARLEEN R NAME NAME 14200 Mark Drive STREET ADDRESS 5514 PARK BLVD STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CITY-ST-ZIP LARGO FL 33774 ST TITLE Defete TITLE ☐ Change Addition GERNAZIAN, WILLIAM NAME NAME STREET ADDRESS 5514 PARK BLVD STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CfTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED