

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086553

FILED  
Feb 16, 2007  
Secretary of State

Entity Name: AUCUOMOR INC.

**Current Principal Place of Business:**

3606 MERCANTILE AVE  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 11869  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 59-3669938      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRISON, FRANK B  
5725 GAGE LANE  
NAPLES, FL 34104      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORRISON, FRANK B  
Address: 5725 GAGE LANE  
City-St-Zip: NAPLES, FL 34104

Title: VP ( ) Delete  
Name: CUOMO, NICHOLAS  
Address: 47 3RD STREET  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP ( ) Delete  
Name: AUGUSTINE, MICHAEL  
Address: 10607 LANDAU LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete  
Name: MORRISON, PHYLLIS M  
Address: 5725 GAGE LANE  
City-St-Zip: NAPLES, FL 34108

Title: T ( ) Delete  
Name: CUOMO, JUDY  
Address: 47 3RD STREET  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY CUOMO

T

02/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date