

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90012 048 \*\*\*150.00



DOCUMENT # P00000108428

1. Entity Name  
 3875 BAND CORP.

Principal Place of Business

~~229 SILVERADO DR.~~  
~~NAPLES, FL 34119~~  
 721 REGENCY RESERVE CIR #5703  
 NAPLES FL 34119

Mailing Address

SWOPE, LAMBERSON, O'CONNOR ET AL  
 P.O. BOX 111419  
 NAPLES, FL 34108



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3683168

Applied For	
Not Applicable	

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, PETE  
~~229 SILVERADO DR.~~  
~~NAPLES, FL 34119~~  
 721 REGENCY RESERVE CIR #5703  
 NAPLES, FL 34119

**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

*Pete Smith* PETER SMITH

1-27-07

**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	<del>VICE</del> VICE PRESIDENT
NAME	SMITH, PETE #
STREET ADDRESS	<del>229 SILVERADO DR.</del> 721 REGENCY RESERVE CIR 5703
CITY-ST-ZIP	NAPLES, FL 34119

TITLE	PRESIDENT
NAME	HANS GYGLI
STREET ADDRESS	3875 CRAWFORD RD
CITY-ST-ZIP	NAPLES FL 34103

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

*Pete Smith* PETER SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-07 239-304-1150

Date

Daytime Phone #