

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-06-2007 90012 048 ***150.00

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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)

4. FEI Number
59-3683168

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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 ~~VICE~~ VICE PRESIDENT
NAME SMITH, PETE
STREET ADDRESS ~~229 SILVERADO DR.~~ 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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETE SMITH

1-27-07 239-304-1150

Date

Daytime Phone #