2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 08:00 AM Secretary of State

Meling Address Maling Address Sulfa API R. 96C 2. Principal Place of Business - No P.O. Box # Sulfa API R. 96C City & Size Coy & Si	1. Entity Nam	MENT # P00000110 PROPERTIES, INC.)497 ·			Secreta	y 0.		
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite City & State City & State A. FEI Number Applied For	2033 MAIN S	STREET SUITE 600	2033 MAIN STREET SUITE 600						
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite City & State City & State A. FEI Number Applied For	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address						
2:0 Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.						
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Reappiled \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	City & State		City & State						
MYERS, TROY H JR. Street Address (P.O. Box Number is Not Acceptable) STREET SUITE 600 SARASOTA, FL 34237 City FL Zip Code 8. The above named analy submits this statement for the purpose of changing its registered agent, or both, in the Stete of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the Stete of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the Stete of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the Stete of Rorids. I am familiar with, and accept the configuration of registered agent and at a fault and a complete agent and a familiar with and accept the complete agent, or both, in the Stete of Rorids. I am familiar with, and accept the registered agent, or both, in the Stete of Rorids. I am familiar with, and accept the registered agent, or both, in the Stete of Rorids. I am familiar with, and accept the registered agent, or both, in the Stete of Rorids. I am familiar with, and accept the registered agent, or both, in the Stete of Rorids. I am familiar with, and accept the registered agent, or both, in the Stete of Rorids. I am familiar with, and accept the registered agent, or both, in the Stete of Rorids. I am familiar with, and accept the registered agent, or both, in the Stete of Rorids. I am familiar with, and accept the registered agent, or both, in the Stete of Rorids. I am familiar with, and accept the Rorids agent ag	Zip	Country	Zip	Country			8.75 Addit	tional	
MYERS, TROY H JR 2023 MAIN STREET SUITE 600 SARASOTA, FL 34237 E. The above named antity submits the statement for the purpose of changing fix registered agent, or both, in the State of Rorids. I am familiar with, and accept me obligations of registered agent. SIGNATURE Signature, upper or primer rank of registered agent and of registered agent. INTELLE NOW!!! FEE IS \$150.00 3. Election Campaign Financing S.5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. 10. WHERE, TROY H JR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. 10. OFFICERS AND STREET SUITE 600 Delete INTE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OTIVITIES OTI		6. Name and Address of Current	Registered Agent	Name	7. Name and Address				
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Itamiliar with, and accept the obligations of registered agent. SIGNATURE: Signama, used or mean reme of impetend agent and tall a calcatata. (nOTE: Registered agent, or both, in the State of Florida. I am Itamiliar with, and accept the obligations of registered agent. DATE	2033 MAIN STREET SUITE 600								
SIGNATURE Signature, location primate raise of inspectance agent and the flaspicacide. (I/OTE, Registered Agent Registers required where institution) DATE				City		, FL	Zip Code		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TIME OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TIME OSSIRE ADDRESS OTY-S1-2P OBERE TIME ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: OTY-S1-2P OTY-S1-2P OTY-S1-2P TIME OBERE OTH OBERE TIME OBERE TIME OBERE OTH OBERE TIME OBERE TIME OBERE OTH OBERE	8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	registered office or regis	tered agent, or both, in the S	State of Florida. I am fai	miliar with, a	ind accept	
### FILE NOW!!! FEE IS \$150.00 ### S550.00	SIGNATURE	Suppliers typed or contest name of constant analysis	and title if engicepts (NOTE	- Registered Agent supporture requi	red when reinstative)	DATE			
TITLE D Delete TITLE Delete TITLE Delete TITLE Delete TITLE DELETE DOBESS DIT/23/07-90022-017 150 \cdot 00 Delete TITLE DELETE DOBESS DIT/23/07-90022-017 150 \cdot 00 Delete TITLE DELETE DELTE DELETE	FIL After Ma	E NOW!!! FEE IS \$150.00	9. Election Campaig	gn Financing \$	5.00 May Be			· · · · · ·	
MYERS, TROY H JR. 2033 MAIN STREET SUITE 600 SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME		r		······································	ADDITIONS/CHANGE				
TITLE NAME STREET ADDRESS CITY-ST ZIP TO BE ADDRESS CITY-ST ZIP	NAME STREET ADDRESS	MYERS, TROY H JR. 2033 MAIN STREET SUITE 600 SIRI			01/		_		
NAME STREET ADDRESS CITY-S1-ZIP TILLE NAME STREET ADDRESS CITY-S1-ZIP TO Delete STREET ADDRESS CITY-S1-ZIP TO Delete NAME STREET ADDRESS CITY-S1-ZIP TO HAME STREET ADDRESS C	name Street address		☐ Oelete	NAME STREET ADDRESS		{	Change	Addition	
NAME STREET ADDRESS CITY-S1-ZIP INTLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP INTLE NAME STREET ADDRESS CITY-S1-ZIP INTLE NAME STREET ADDRESS CITY-S1-ZIP INTLE Delete NAME STREET ADDRESS CITY-S1-ZIP INTLE NAME STREET ADDRESS CITY-S1-ZIP INTL	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		Ţ	Change	Addition	
NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-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 pr 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 attachapter than address, with all other like empowered. Troy H. Myers, Jr., Director 01/17/2007 (941) 953-8110	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		(Change	Addition	
NAME STREET ADDRESS 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 attachapent with an address, with all other like empowered. Troy H. Myers, Jr., Director 01/17/2007 (941) 953-8110	NAME STREET ADDRESS		☐ Oelete	NAME STREET ADDRESS		Ī	Change	Addition	
Troy H. Myers, Jr., Director 01/17/2007 (941) 953-8110	NAME STREET ADDRESS	_	☐ Oelete	NAME STREET ADDRESS		[Change	Addition	
SIGNATURE:	12. I hereby of indicated of the corchanged,	pertify that the information/supplied with on this report or supplemental report in poration or the receiver or trustee emp or on an attachment with an address.	It his filing does not qualify for strue and accurate and that movered to execute this report a with all other like empowered.					ormation or director Block 11 if	
	SIGNAT	URE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O		•				