## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000010725

1. Entity Name

Principal Place of Business

633 N. FRANKLIN ST

SUITE 500 TAMPA, FL 33602

WENZEL & FENTON, P.A.



Mailing Address

633 N. FRANKLIN ST. SUITE 500 TAMPA, FL 33602 FILED Apr 23, 2007 08:00 A Secretary of State



## DO NOT WRITE IN THIS SPACE

04132007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3696215 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENZEL, STEVEN G 633 N. FRANKLIN ST. SUITE 500 TAMPA, FL 33602

## DO NOT WRITE IN THIS SPACE

TAMPA, FL 33002			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registers	ed office or registered	agent, or both	, in the State of Florida. I am familiar with, and a	ccept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	d Agent aignature required wh	en reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		May Be to Fees	U00000722768 05/02/07-80045-012 150.	00
10.	OFFICERS AND DIREC	CTORS		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENTON, MATTHEW K 633 N. FRANKLIN ST., SUITE 500 TAMPA, FL 33602	,	1	•		,
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D WENZEL, STEVEN G 633 N. FRANKLIN ST., SUITE 500 TAMPA, FL 33602		1	<b>'</b> ,		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	e i ve	IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY: S1-ZIP				4		
TITLE		٠.		•		

12. Thereby certify that the information supplied with this filling 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 life empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07

Date

813224-0431

Daytime Phone #