## 2007 FOR PROFIT CORPORATION

changed, or on an atta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## ANNUAL REPORT FILED **DOCUMENT # P01000028068** LAMONT & AUCHAMPAU, P.A. 07 MAR -2 AM IO: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3040 GULF TO BAY BLVD. PO BOX 6026 CLEARWATER, FL 33759 CLEARWATER, FL 33758 CR2E034 (11/05) 02142007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3640960 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAMONT, DAVID A DO NOT WRITE 3040 GULF TO BAY BLVD. IN THIS SPACE CLEARWATER, FL 33759 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 100092277771 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees 03/12/07--01017--010 \*\*3961.25 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. DPST TITLE LAMONT, DAVID A NAME STREET ADDRESS 3040 GULF TO BAY BLVD. CLEARWATER, FL 33759 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS K. Eckel MAR 0 5 2007 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP olied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if directs, with all other like empowered. I hereby certify that the information indicated on this report or supplied of the corporation or the receiver of the receiver of the corporation or the receiver of the corporation or the receiver of the receiver o