## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P01000029202



## **FILED** Mar 12, 2008 8:00 am Secretary of State

03-12-2008 90018 030 \*\*\*150.00

Entity Nam     VATER &											
Principal Place	e of Business	s	Mailing Address		J		A	004307	1		
14340-B HARBOUR LANDING FORT MYERS, FL 33908			14340-B HARBOUR LANDING FORT MYERS, FL 33908					.`		118 18118 11 <b>8</b> ]  88]  8	erbal II lagi
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03012008	Chg-P	CR	2E034 (12/06)	
City & State			City & State				4. FEI Numb		-		oplied For ot Applicable
Zip	Country		Zip	Counti				e of Status Desi	red 🔲	\$8.75 Add	ditional
T	6. Name	and Address of Current Re	egistered Agent				7. Name and	d Address of N	ew Register		
200000					Name						
CORPDIRI 515 EAST TALLAHAS	PARK AV			Street Add	dress (F	P.O. Box Numb	per is Not Accep	otable)			
				City					F	Zip Cod	e
8. The above the obligat	named entity ions of regist	ty submits this statement for the	he purpose of changing its	registe <b>r</b>	od office or re	egister	ed agent, or bo	oth, in the State	of Florida. 1	am familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent and	d title i! applicable. (N/)T	Œ: Registere	a Agent signature	required	when reinstating)		DA	TE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.					ncing	<b>\$5.</b> Adde	00 May Be ed to Fees				
10.		OFFICERS AND DI	RECTORS			ADDITIONS	/CHANGES TO	OFFICERS A	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14340-B H	NORBERT HARBOUR LANDINGS DI PALM BEACH, FL 33408		E E EET ADDRESS -ST-ZIP	Fr	M 1#	=125, FL	_ 33	<b>X</b> Change	Addition	
TITLE	VP		☐ Delete	TITLE	1	• •				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	14340-B H	CHARLENE HARBOUR LANDINGS AV ÆRS, FL 33908		NAMI STRE	I .					Name o	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		# 00 00 00 00 00 00 00 00 00 00 00 00 00	☐ Delete		I .					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I .					☐ Change	Addition
TITLE NAME STREET ADDRESS CUTY-ST-ZIP			☐ Delete		I .			,		☐ Change	☐ Addition

12. Thereby 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:**