

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90059 039 \*\*\*150.00

40041000



03192007 Chg-P CR2E034 (12/06)

4. FEI Number 01-0703925 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

THORNE, JAMIE M  
28224 BROKENMEAD PATH  
WESLEY CHAPEL, FL 33543

## 7. Name and Address of New Registered Agent

Name TOM Warren  
Street Address (P.O. Box Number is Not Acceptable) 202 S 22nd St STE 214  
City TAMPA FL Zip Code 33605

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/07

**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	P	<input type="checkbox"/> Delete
NAME	MUZIK, SHARON L	
STREET ADDRESS	20094 HERITAGE POINT DR.	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	THORNE, JAMIE M	
STREET ADDRESS	28224 BROKENMEAD PATH	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	SMITH, LINDA	
STREET ADDRESS	2209 COLLIER PARKWAY	
CITY-ST-ZIP	LAND O' LAKES, FL 34639	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZACHARY THORNE	
STREET ADDRESS	28224 Broken Mead Path	
CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-07

Date

Daytime Phone #

(813) 948 7332