

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90006 029 \*\*\*158.75

40022310



01292007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-1114581

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

RUSHNELL, DERRICK S  
3035 ANDERSON SNOW RD.  
BROOKSVILLE, FL 34609

## 7. Name and Address of New Registered Agent

Name GARY N. STROHAUER

Street Address (P.O. Box Number is Not Acceptable)

1150 Cleveland St., Suite 300

City Clearwater

FL

Zip Code 33755

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

11/31/07

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	RUSHNELL, DERRICK S	
STREET ADDRESS	3035 ANDERSON SNOW RD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34609	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	RUSHNELL, SANDRA J	
STREET ADDRESS	3035 ANDERSON SNOW RD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34609	
TITLE	V	<input type="checkbox"/> Delete
NAME	SELTZER, ROBERT W	
STREET ADDRESS	3035 ANDERSON SNOW RD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34609	
TITLE	V	<input type="checkbox"/> Delete
NAME	KIEFNER, JAMES P	
STREET ADDRESS	3035 ANDERSON SNOW RD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34609	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL P. MOLONEY	
STREET ADDRESS	3035 Anderson Snow Road	
CITY-ST-ZIP	Brooksville, FL 34609	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS MOLONEY	
STREET ADDRESS	3035 Anderson Snow Road	
CITY-ST-ZIP	Brooksville, FL 34609	
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-07 847-791-0723