


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007 SEP 18 AM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| DOCUMENT # P01000068278 1. Entity Name THE FOUNDERS GROUP - COMMERCIAL BROKERS, INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 1014 CORAL ST TAMPA, FL 33602 | Mailing Address 1014 CORAL ST TAMPA, FL 33602 |
|---|---|

DO NOT WRITE IN THIS SPACE



09132007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-3738127 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**BRAY, C. TALMADGE
1014 CORAL ST
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**
**00109570438
09/18/07--01024--017 **550.00**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRAY, C. TALMADGE 1014 CORAL ST TAMPA, FL 33602 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOVACH, CAROLYN 1014 CORAL ST TAMPA, FL 33602 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-11-2007

9/19/07