

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90077 035 \*\*\*150.00

40032690



01152007 Chg-P CR2E034 (12/06)

4. FEI Number  
**02-0538261**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

HAYES, GEORGE L III  
4701 CENTRAL AVE., SUITE A  
ST. PETESBURG, FL 33713

Name

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

City

**FL**

Zip Code

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 \$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

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SPURGEON, MARK A  
CITY-ST-ZIP PO BOX 686, 430 W. 4TH ST.  
BOCA GRANDE, FL 33921

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS AREGART, GEORGE L  
CITY-ST-ZIP PO BOX 686, 430 W. 4TH ST.  
BOCA GRANDE, FL 33921

TITLE ☒ Change ☐ Addition  
NAME Director  
STREET ADDRESS George L. Arehart  
CITY-ST-ZIP PO Box 686, 430 W. 4th Street  
Boca Grande, FL 33921

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DILENA, RALPH JR  
CITY-ST-ZIP PO BOX 686, 430 W. 4TH ST.  
BOCA GRANDE, FL 33921

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GARNER, DONALD O  
CITY-ST-ZIP PO BOX 686, 430 W. 4TH ST.  
BOCA GRANDE, FL 33921

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HAYES, GEORGE L III  
CITY-ST-ZIP 4701 CENTRAL AVE., SUITE A  
ST. PETESBURG, FL 33713

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-07 941964-0338