

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90184 014 \*\*\*150.00

<b>DOCUMENT # P01000121566</b>	
1. Entity Name XLNT CORP.	



Principal Place of Business 1354 BELLEAIR ROAD CLEARWATER, FL 33756	Mailing Address 1354 BELLEAIR ROAD CLEARWATER, FL 33756
---	---

2. Principal Place of Business - No P.O. Box # 1456 Marjonn Av.	3. Mailing Address 1456 Marjonn Av.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clearwater Florida	City & State Clearwater Florida
Zip 33756	Zip 33756
Country USA	Country USA

4000

01042007 Chg-P CR2E034 (12/06)

4. FEI Number  
01-0551446

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, LEON  
1354 BELLEAIR ROAD  
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name  
Gonzalez, Leon

Street Address (P.O. Box Number is Not Acceptable)  
1456 Marjonn Av.

City  
Clearwater

FL

Zip Code  
33756

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, LEON 1354 BELLEAIR ROAD CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1456 Marjonn Av. Clearwater FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, RAQUEL 1354 BELLEAIR ROAD CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1456 Marjonn Av. Clearwater FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GENTZORN, JAMES L 1354 BELLEAIR ROAD CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1456 Marjonn Av. Clearwater FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ 4/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_