

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90219 014 \*\*\*150.00

60001653



01092007 Chg-P CR2E034 (12/06)

4. FEI Number 80-0037573 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

SMITH, EDWARD B.  
~~1137 STONEBROOKE LN.~~  
~~LAKE LAND, FL 33803~~

## 7. Name and Address of New Registered Agent

Name **EDWARD B. SMITH**  
Street Address (P.O. Box Number is Not Acceptable)  
**1400 GRASSLANDS BLVD.**  
**# 48**  
City **LAKE LAND** FL Zip Code **33803**

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 Edward B. Smith (NOTE: Registered Agent signature required when reinstating)

DATE **1/9/07**

**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 PT ☐ Delete  
NAME SMITH, EDWARD B  
STREET ADDRESS ~~1137 STONEBROOKE LN.~~  
CITY-ST-ZIP ~~LAKE LAND, FL 33803~~

TITLE VS ☐ Delete  
NAME SMITH, JOYCE M  
STREET ADDRESS ~~1137 STONEBROOKE LN.~~  
CITY-ST-ZIP ~~LAKE LAND, FL 33803~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1400 GRASSLANDS BLVD., #48**  
CITY-ST-ZIP **LAKE LAND, FL 33803**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1400 GRASSLANDS BLVD., #48**  
CITY-ST-ZIP **LAKE LAND, FL 33803**

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: Edward B. Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/9/07**

DAYTIME PHONE # **863-688-2435**