2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

ANNUAL REPORT				56	Secretary of State			
DOCUMENT # P02000054788				04	l-19-2007 90199	9 012 ***15	50.00	
1. Entity Nam		, •••						
Principal Plac	re of Business	Mailing Address		4000	J (v v			
502 GALLOWAY AVE		502 GALLOWAY AVE						
	L 32725-8319	DELTONA, FL 32725-8	3319					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc		Suite, Apt. #, etc.				0,0,1,0,0,0,0,0,0		
State, Apr. #, etc		Suite, Apr. #, etc.		04152007 C	thg-P CR2I	E034 (12/06)		
City & State		City & State		4. FEI Number			plied For	
Zip	Country	7in	Country	03-0451990)		ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Stat	tus Desired	\$8.75 Add		
	6. Name and Address of Current R	legistered Agent		7. Name and Addre	ss of New Registere	d Agent		
HURTADO MCELWEE, LUZ E			Name					
	OWAY AVE	. Street Address		ss (P.O. Box Number is N	ot Acceptable)			
DELTONA	, FL 32725							
			City		F	L Zip Code	e	
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in the	ne State of Florida. Ta	m familiar with,	and accept	
trie opliga	nons or registered agent.							
SIGNATURE.	Skyralure, typed or prirect name of registered opent an	ed title if smale, at le	: Registered Agent signature requ	wed when conclained	DATE			
		The state of the s	- Majorie and Agent and action of the	one) we consider ag	DATE.			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing				5.00 мау Ве				
After M	ay 1, 2007 Fee will be \$550.0	Trust Fund Conti	ribution. L A	Added to Fees				
10.	OFFICERS AND C	DIRECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS A	ND DIRECTOR:	S IN 11	
NAME	P HURTADO MCELWEE, LUZ E	☐ Delete	HILE			Change	☐ Addition	
STREET ADDRESS	502 GALLOWAY AVE		NAME STREET ADDRESS					
CITY ST-ZIP	DELTONA, FL 32725		CITY-ST ZIP					
HILE		☐ Delete	DILE	-		☐ Change	Addition	
NAME CRITICI APPROVED			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME		_ 55.00	NAME			- one-fie	1	
STREET ADDRESS CITY ST ZIP			STREET ADDRESS					
IIILE		☐ Delete	CHY ST-ZIP				□ A 2-200	
NAME		∟ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CHY ST ZIP			CHY ST ZIP					
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADURESS			NAME STREET ADDRESS					

12. Thereby 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 supplied entail 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 his 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 adding, with an other life impowered.

CHY-ST ZIP

STREET ADDRESS

CHY ST-ZIP

TITLE

NAME

SIGNATURE:

CITY ST ZIP

STREET ADDRESS

CITY ST ZIP

IIILE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4.16.00

Date Daytime Priore #

☐ Change

■ Addition