

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90002 048 \*\*\*158.75

40030277



03052007 Chg-P CR2E034 (12/06)

4. FEI Number  
**42-1571916**

|                |  |
|----------------|--|
| Applied For    |  |
| Not Applicable |  |

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

**6. Name and Address of Current Registered Agent**

HUTTON, THERESA M  
804 HILL STREET  
EUSTIS, FL 32726

**7. Name and Address of New Registered Agent**

|  |          |
|--|----------|
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 \_\_\_\_\_ (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**

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | P                 | <input type="checkbox"/> Delete |
| NAME            | HUTTON, THERESA M |                                 |
| STREET ADDRESS  | 804 HILL STREET   |                                 |
| CITY - ST - ZIP | EUSTIS, FL 32726  |                                 |
| TITLE           | V                 | <input type="checkbox"/> Delete |
| NAME            | HUTTON, RUSSELL   |                                 |
| STREET ADDRESS  | 804 HILL STREET   |                                 |
| CITY - ST - ZIP | EUSTIS, FL 32726  |                                 |
| TITLE           |                   | <input type="checkbox"/> Delete |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> Delete |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> Delete |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |

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

|                 |                      |  |
|-----------------|----------------------|--|
| TITLE           | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | Henderson, Billy Ray |  |
| STREET ADDRESS  | 804 Hill Street      |  |
| CITY - ST - ZIP | Eustis FL 32726      |  |
| TITLE           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                      |  |
| STREET ADDRESS  |                      |  |
| CITY - ST - ZIP |                      |  |
| TITLE           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                      |  |
| STREET ADDRESS  |                      |  |
| CITY - ST - ZIP |                      |  |
| TITLE           |                      | <input type="checkbox"/> Change <input type="checkbox"/> 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: Russell Hutton **3-5-07** **352-636-5459**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #