## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000068153

**FILED** Jan 26, 2007 8:00 am Secretary of State 01-26-2007 90031 032 \*\*\*150.00

SRO DOL										
Principal Place of Business 1448 S. BRANDYWINE CIRCLE FT. MYERS, FL 33919		Mailing Address  1448 S. BRANDYWINE CIRCLE FT. MYERS, FL 33919 P.O. Box 51459 Sarasota, FL 34232		:	60007343					
Principal Place of Business - No P.O Box # 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01212007	Ch	ng-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Num 04-37	<sub>ber</sub> 00983	1,		<u> </u>	plied For at Applicable
Zip	Country	Zip	Country		5. Certifica	te of Statu	s Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
RENFROE, DOUGLAS 1448 S. BRANDYWINE CIRCLE FT: MYERS, FL 33919				ret Address (P.O. Box Number is Not Acceptable)  +248 Oakhvest Circle East						
			City Sas	1a s 0				FL	Zip Cod	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or r	egister	ed agent, or h	oth, in the	State of FI	orida. I am		
SIGNATURE								DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0				00 May Be ed to Fees	S/CHANG	SES TO OF	FICERS AND	) DIRECTOR	S IN 11
TITLE	D	□ Delete	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,0,,,,,,			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	RENFROE, W. DOUGLAS  1448 S. BRANDYWINE CIRCLE  5T. MYERS, FL 33010		NAME STREET ADDRESS CITY-ST-ZIP	424 Sara	g Unk asota	hutst FL		East	•	
TITLE	V	☐ Delete	TITLE			1			Change	Addition
NAME STREET ADDRESS	MURPHY-RENFROE, LORRAINE  1448 S BRANDYWINE CIRCLE		NAME STREET ADDRESS CITY-ST-74P	ዛል				East		
CITY-ST-ZIP	FT-MYERS, FL-33919	☐ Delete	TIPLE	Sar	asuta	, F	<u>L</u>	34233	☐ Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP							
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CITY-ST-ZIP	and the standard and a second of the standard and the sta	this films does not availe to	<b></b>	nta a a	l in Charter 1	10 (0-2-2-2	la Cratinas	I further a	toface there is a	n(ormatic:
indicated	pertify that the information supplied with on this report or supplemental report is progation or the receiver of trustee empty	true and accurate and that my	/ signature shall ha	ive the :	same legal efi	fect as if r	nade under	oath; that I	am an officer	or director

changed, or on an altachment with an address, with all other like empowered

SIGNATURE	:
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NED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

941-587-1150