

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90010 023 ***158.75

40042328



03212007 Chg-P CR2E034 (12/06)

4. FEI Number
04-3704459
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GILKEY, DENNIS E
9990 COCONUT RD.
SUITE 200
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name Pamela S. MacKie
Street Address (P.O. Box Number is Not Acceptable)
9990 Coconut Road Ste 200
City Bonita Springs FL Zip Code 34135

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 obligation of registered agent.

SIGNATURE Pamela S. MacKie Dennis E. Gilkey - Corp Affairs 3-20-07
Signature, typed or printed name of registered agent and title if applicable. (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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	LUCAS, DAVID	9990 COCONUT RD. STE 200	BONITA SPRINGS, FL 34135	<input type="checkbox"/>
DP	GILKEY, DENNIS E	9990 COCONUT RD. STE 200	BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/>
DST	SCHESTAG, HARVEY R	9990 COCONUT RD. STE 200	BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/>
SRVP	WATTS, SUSAN H	9990 COCONUT RD STE 200	BONITA SPRINGS, FL 34135	<input type="checkbox"/>
V	GREEN, KATHERINE	9990 COCONUT RD.	BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/>
AV	EASTMAN, KELLI L	9990 COCONUT RD.	BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	Katherine C. Green			<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/S/T/SRVP	Scott R. Whitney			<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Amanda Watkins			<input type="checkbox"/>	<input checked="" type="checkbox"/>
AV	Yvonne Blair			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Scott R. Whitney 3-23-07 (239) 495-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #