| 2007 FOR PROFIT CORPORATION ANNUAL REPORT | | | | | Apr 10, 2007 08:00 Secretary of Stat | | | |
|---|--|--|--|------------------------|---|-----------------------|---|--|
| SYDTRU | | | Secretary of Sta | | | | | |
| 5626 N. DAI | e of Business E MABRY HWY | Mailing Address 5626 N. DALE MABRY HWY | | | | | | |
| AMPA, FL 33614 US TAMPA, FL 33614 US | | | | | | | | |
| C | | CE | 04052007 No Chg-P CR2E034 (11/05) | | | | | |
| 321 CHE | 6. Name and Address of Current 1 ER, BRIAN P VIOT DRIVE L 33618 | - | DO NOT WRITE IN THIS SPACE | | | | | |
| the obligat | named entity submits this statement for tions of registered agent. | the purpose of changing its registe | ared office or register | ad agent, or both, | n the State of Flo | orida. Tam familiar | with, and accept | |
| IGNATURE. | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE, Registe | red Agent signature required | when reinstating) | | DATE | | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0 | 9. Election Campaign Fina Trust Fund Contribution | | 00 May Be d to Fees | | | | |
|). | OFFICERS AND | DIRECTORS | _ | | | | | |
| le Me Reet Address IY-st-zip | P CAPLINGER, BRIAN P MR 3321 CHEVIOT DRIVE TAMPA, FL 33618 | | | | | 00698899 7-80021-0 | 13 150.00 | |
| | | | | | | | | |
| neet address | | | | | | | | |
| ME Reet address IY - St - Zip 'Le Me | | | _ | | | | | |
| AME IREET ADDRESS TY-ST-ZIP TLE NME REET ADDRESS TY-ST-ZIP | | | - | | | RITE | | |
| TLE AME IRTE T ADDRESS ITY - ST - ZIP TLE AME IRTEET ADDRESS TY - ST - ZIP TLE AME IRTEET ADDRESS ITY - ST - ZIP | | | - | | NOT W HIS SF | RITE | | |
| ME IREET ADDRESS TY - ST - ZIP TLE WME REET ADDRESS TY - ST - ZIP TLE REET ADDRESS TY - ST - ZIP TLE ME REET ADDRESS | | | | | | RITE | | |
| AME IREET ADDRESS TY - ST - ZIP TLE MME REET ADDRESS TY - ST - ZIP TLE IME IREET ADDRESS | · · · | | | | | RITE | | |
| ME IREET ADDRESS TY - ST - ZIP TILE IME REET ADDRESS TY - ST - ZIP Z. I hereby indicated of the co | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo- , or on an attachment with an address y | this filing does not qualify for the e true and accurate and that my sign wered to executating reportes req vith all other like empowered | xemptions contained lature shall have the uired by Chapter 607 | IN T | HIS SF | | the information officer or director 10 or Block 11 if | |