

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2007 SEP 17 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05292007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0642594 Applied For Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

BRUMFIELD, ALEXANDER R III  
319 8TH STREET  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BRUMFIELD, ALEXANDER R III  
STREET ADDRESS 3311 COMMADORE CT  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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STREET ADDRESS  
CITY-ST-ZIP

300109523203  
09/17/07--01047--006 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/07

Date

(561)832-9142

Daytime Phone #

9/18 aw