- 2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 23, 2007 8:00 am **DOCUMENT # P02000108675 Secretary of State** 05-23-2007 90028 011 ***150.00 PARKLAND CHAMBER OF COMMERCE, INC. Mailing Address Principal Place of Business 5933 W HILLSBORO 5933 W HILLSBORO #167 #167 PARKLAND, FL 33067 PARKLAND, FL 33067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 05142007 City & State Applied For City & State 4. FEI Number 06-1651859 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - ** van mitailane CAROTHERS, SCOTT Street Address (P.O. Box Number is Not Acceptable) **6493 NW 78TH PLACE** PARKLAND, FL 33076 $\mathcal{D}^{\mu \mu \nu \nu \sigma}$ 8. The above named entity submits this statement for the plurpose of charging 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 age (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITI F Chance Addition TITLE notel trade MCFARLANE, WILLIAM NAME NAME FOI # BUBUCCKINH WEEPS STREET ADDRESS STREET ADDRESS 5933 W HILLSBORO BLVD #167 CITY-ST-ZIP CITY-ST-7IP PARKLAND, FL 33067 arklamı. Pr Addition Delete TITLE ☐ Change TITLE WOLK, EVAN NAME NAME TON # WHO ORCHITH WEEK STREET ADDRESS 5933 HILLSBORO BLVD #167 STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33067 CETY-ST-7IP Delete Change Addition TITLE TITLE CAROTHERS, SCOTT NAME NAME TOIH WBURCHILL STREET ADDRESS STREET ADDRESS 5933 W HILLSBORO BLVD #167 CITY-ST-ZIP PARKLAND, FL. 33067 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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SIGNATURE: X

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