

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90241 046 ***150.00

40065705



04042007 Chg-P CR2E034 (12/06)

4. FEI Number
02-0659233

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOTTILE, JOHN H
1684 W. HIBISCUS BLVD.
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
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	CPD	<input type="checkbox"/> Delete
NAME	SOTTILE, JOHN H	
STREET ADDRESS	1684 W. HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LEITNER, DANFORTH E	
STREET ADDRESS	1684 W. HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	EADS, H C JR	
STREET ADDRESS	1684 W. HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	VTAS	<input type="checkbox"/> Delete
NAME	WHERRY, STEPHEN R	
STREET ADDRESS	1684 W. HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRASELTON, WM M III	
STREET ADDRESS	1684 W. HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITNER, DANFORTH E.	
STREET ADDRESS	1684 W. HIBISCUS BLVD., MELBOURNE, FL 32901	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGER, MARY L.	
STREET ADDRESS	1684 W. HIBISCUS BLVD., MELBOURNE, FL 32901	
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.

Stephen R. Wherry

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07

321-724-1700

Date

Daytime Phone #