

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90018 029 \*\*\*550.00

**60004996**



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3756904

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**

ABBOTT, ZENDA  
4516 OSPREY LANDING  
NICEVILLE, FL 32578

**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 \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME ABBOTT, ZENDA C  
STREET ADDRESS 4516 OSPREY LANDING  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE S  
NAME ABBOTT, MICHAEL E  
STREET ADDRESS 4516 OSPREY LANDING  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

00000590859  
01/17/07 60004996 017 55.00

**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

Date

Daytime Phone #

*Zenda Abbott* *Zenda Abbott* 1/12/07 (850) 877-1623