## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 10, 2007 08:00 All Secretary of State DOCUMENT # P03000042691 PHILIP L. FROMMHOLZ P.A. Principal Place of Business Mailing Address **4851 OAK POINTE WAY 4851 OAK POINTE WAY** SARASOTA, FL 34233 SARASOTA, FL 34233 03132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0456761 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FROMMHOLZ, PHILIP DO NOT WRITE **4851 OAK RAINTE WAY** SARASOTA, FL 34233 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 (NOTE: Registered Agent signature regular) when reinstation) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TIDE FROMMHOLZ, PHILIP L NAME U00000697423 STREET ADDRESS **4851 OAK POINTE WAY** 04/18/07-80039-013 150.00 CITY-ST-ZIP SARASOTA, FL 34233 TID F NAME STREET ADDRESS CITY-ST-ZIP TIN F STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 will an address, with all other like

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