

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JAN 31 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40114626



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0829561 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

JEAN, GABRIEL
360 24TH ST NW
WINTER HAVEN, FL 33881

DO NOT WRITE
IN THIS SPACE

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	VP
NAME	JEAN, GABRIEL B
STREET ADDRESS	360 24TH ST NW 200 AVE K SE APT 182
CITY - ST - ZIP	WINTER HAVEN, FL 33881
TITLE	P
NAME	JEAN, GABRIEL
STREET ADDRESS	360 24TH STREET NW, APT 233 200 AVE K SE APT 182
CITY - ST - ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 #

5-1-07

per put
may

2/2

1/30/08 DEPOSITS/PAYMENTS DETAIL SCREEN 4:20 PM
DEPOSIT NUMBER : 01/30/08 01036 001 DEPOSIT TYPE : COR
ACCOUNT NUMBER : DEPOSIT AMOUNT : 165.00
USER ID : KWALKER DEPOSIT BALANCE: 0.00
DEBIT MEMO DATE: VOID DATE :
TRACKING NUMBER: 500116461765 DOCUMENT NUMBER: P03000047575
REQUESTOR : dm # 76694-k REPLC FEE LEDGER DATE : 01/30/08
SUB ACCT NUMBER:

CATEGORY	DESCRIPTION	AMOUNT
AR	ANNUAL REPORT	61.25
ARSUPP	ANNUAL REPORT - SUPPLEMENTAL	88.75
RTNCK	RETURNED CHECK FEE	15.00

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: