2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 29, 2007 08:00 AM DOCUMENT # P03000050721 Secretary of State 1. Entity Name CHARLES T. FERBER, P.A. Principal Place of Business Mailing Address 2125 FIRST STREET 2125 FIRST STREET SUITE 100 FORT MYERS FL 33901 SUITE 100 FORT MYERS FL 33901 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suito, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 01-0782215 Not Applicable Zip Country Zip 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 Name FERBER, CHARLES T Street Address (P.O. Box Number is Not Acceptable) 2125 FIRST STREET SUITE 100 FORT MYERS FL 33901 Zip Code City 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 little it applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** ☐ Change Addition TITLE ☐ Defete 11111 FERBER, CHARLES T NAME NAME U000000610102 2125 FIRST STREET, SUITE 100 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33901 02/02/07-80010-004 150.00 CHY-SI-ZIP CITY-ST-ZIP Change Addition DITTE Delete TITLE NAME: STREET ADDRESS STRUET ADDRESS CITY-ST-7IP CiTY+ST-ZIP HILE Delete TITLE □ Change ☐ Add:tion NASSE MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - SI - ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition NIE ☐ Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE T Change Addition ☐ Delete TITLE NAME NAMI' STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

indicated on this report or supplemental roport is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Statutos; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all Charles T. Ferber

SIGNATURE: