

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90255 036 \*\*\*150.00

40077089



03212007 Chg-P CR2E034 (12/06)

4. FEI Number  
04-3762194

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

ROYSTON, ROBERT D JR.  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GOODCHILD, WINTON J	
STREET ADDRESS	P.O. BOX 3427	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33918	
TITLE	VP, T	<input type="checkbox"/> Delete
NAME	CALLIS, WILLIAM A	
STREET ADDRESS	318 N. E. 11TH ST.	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMOILISKY, DAVID J	
STREET ADDRESS	3841 SEMINOLE AVE.	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	KWIAT, DAVID W	
STREET ADDRESS	2331 WOODLAND TERRACE	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALLINGA, THOMAS	
STREET ADDRESS	4030 LAKE FOREST	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOGG, JAMES W ESQUIRE	
STREET ADDRESS	P.O. BOX 60112	
CITY-ST-ZIP	FORT MYERS, FL 33906	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Date

(239)997-7756

Daytime Phone #