

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000073786

1. Entity Name
EXECUTIVE PROCESSORS, INC.



Principal Place of Business

**P.O. BOX 96313
POMPANO BEACH, FL 33093-6313**

Mailing Address

**P.O. BOX 96313
POMPANO BEACH, FL 33093-6313**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0099688

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FEDERMAN, DIANE S
4995 CALAMONDIN CIRCLE
POMPANO BEACH, FL 33063**

**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 resigning)

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

TITLE PS
NAME FEDERMAN, DIANE S
STREET ADDRESS P.O. BOX 936313
CITY-ST-ZIP POMPANO BEACH, FL 330936313

TITLE VT
NAME D'ALBORA, JOAN
STREET ADDRESS P.O. BOX 936313
CITY-ST-ZIP POMPANO BEACH, FL 330936313

TITLE
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U000000584915
01/12/07-80059-003 150.00

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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: *DAVE S. FEDERMAN* **DAVE S. FEDERMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

954-917-5151

Date

Daytime Phone #

PRESIDENT