## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000085303

Entity Name: STROEMER TUSCAN & COMPANY, P.A.

FILED Jun 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8961 CONFERENCE DRIVE SUITE 2 FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

8961 CONFERENCE DRIVE SUITE 2 FORT MYERS, FL 33919

FEI Number: 20-0167385 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STREEMER, JOHN H
8961 CONFERENCE DRIVE
SUITE 2
FORT MYERS, FL 33919 US
STROEMER, JOHN H
8961 CONFERENCE DRIVE
SUITE 2
FORT MYERS, FL 33919 US
STROEMER, JOHN H
8961 CONFERENCE DRIVE
SUITE 2
FORT MYERS, FL 33919 US

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.

SIGNATURE: JOHN H STROEMER 06/24/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete Title: DVPS (X) Change ( ) Addition

Name: STREEMER, JOHN H
Address: 8961 CONFERENCE DRIVE, SUITE 2
Name: STROEMER, JOHN H
Address: 8961 CONFERENCE DRIVE, SUITE 2
8961 CONFERENCE DRIVE, SUITE 2

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

Title: DVPS (X) Delete Title: ( ) Change ( ) Addition Name: TUSCAN, JEFFREY M Name:

 Name:
 TUSCAN, JEFFREY M
 Name:

 Address:
 8961 CONFERENCE DRIVE SUITE B
 Address:

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H STROEMER DVPS 06/24/2007