

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90008 043 ***150.00

40078932



03092007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0464878

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAIRE, NANCY H
360 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MENKE, ROBERT M	
STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEEHAN, DAVID K	
STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HUSSEMAN, EDWIN C	
STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRUBAKER, RICHARD M	
STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HAIRE, NANCY C	
STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TRUDEL, STEPHANIE D	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White, John T.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Winkler, Mark E.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 empowered.

SIGNATURE:

Nancy C. Haire

Nancy C. Haire 4/13/2007 727 823-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #