

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2007 90004 025 ***150.00

40078702



04182007 Chg-P CR2E034 (12/06)

4. FEI Number **201005468** Applied For ☐ Not Applicable

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

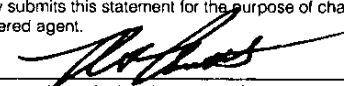
6. Name and Address of Current Registered Agent

BOLLT, ROBERTO
3000 ORANGE GROVE TRAIL
NAPLES, FL 34120

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4500 EXECUTIVE DRIVE
#110
City **NAPLES** FL Zip Code **34119**

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  (NOTE: Registered Agent signature required when reinstating)

04/18/07
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

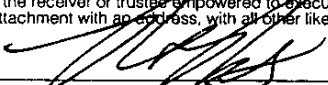
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	BOLLT, ROBERTO	
STREET ADDRESS	3000 ORANGE GROVE TRAIL	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	VP	☐ Delete
NAME	LOWITZ, STEPHEN G	
STREET ADDRESS	3000 ORANGE GROVE TRAIL	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☒ Change ☐ Addition
NAME	4500 EXECUTIVE DRIVE #110	
STREET ADDRESS	NAPLES FL 34119	
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	4500 EXECUTIVE DRIVE #110	
STREET ADDRESS	NAPLES FL 34119	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 2395964088
Date Daytime Phone #