

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90114 023 ***150.00

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01242007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1481009 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

Name

Street Address (P.O. Box Number is Not Acceptable)

9036 N.W. 60TH STREET

City

TAMARAC FL

Zip Code 33321

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 ☐ Delete

NAME O'CONNOR, WILLIAM T

STREET ADDRESS 1706 EDGEWATER DRIVE

CITY-ST-ZIP EDGEWATER, FL 32132

TITLE VP ☐ Delete

NAME KIRSCH, DONALD E

STREET ADDRESS 2505 INDIA PALM DRIVE

CITY-ST-ZIP EDGEWATER, FL 32141

TITLE SEC ☐ Delete

NAME WADDELL, JOLEEN

STREET ADDRESS 9036 N.W. 60TH STREET

CITY-ST-ZIP TAMARAC, FL 33321

TITLE T ☐ Delete

NAME WARDELL, CHARLES

STREET ADDRESS 9036 N.W. 60TH STREET

CITY-ST-ZIP FORT LAUDERDALE, FL 33321

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 ☐ Delete

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: Joleen Waddell JOLEEN WADDELL 1/31/07 954-718-1895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #