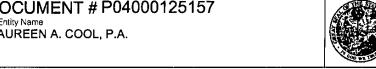
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000125157 MAUREEN A. COOL, P.A.

FILED May 02, 2007 08:00 AM Secretary of State



Principal Place of Business

809 US 27 SOUTH SEBRING, FL 33870 Mailing Address

1120 LAKE LOT ELA DR. AVON PARK, FL 33825



CR2E034 (11/05)

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6. Name and Address of Current Registered Agent

20-1600626	 Not Applicable 8.75 Additional
4. FEI Number 20-1600628	Applied For

Fee Required

No Chg-P

04192007

COOL, MAUREEN M 1120 LAKE LOTELA DR. AVON PARK, FL 33825

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DPST COOL, MAUREEN M 1120 LAKE LOTELA DR. AVON PARK, FL 33825	CTORS			U00000754822 05/22/07-80075-017 150.D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY-SI-ZIP					NOT WRITE			
NAME STREET ADDRESS CITY-SI-ZIP				IN [*]	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
of the cor	ertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with al	to execute this report as require	nptions con re shall have d by Chapt	tained in Chapter 119 e the same legal effec er 607, Florida Statute	Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director is; and that my name appears in Block 10 or Block 11 if			

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