


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90157 025 ***150.00

DOCUMENT # P04000145748	
1. Entity Name NOTSERP INC	

Principal Place of Business 14268 CROCUS COURT WELLINGTON, FL 33414	Mailing Address 14268 CROCUS COURT WELLINGTON, FL 33414
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2. Principal Place of Business - No P.O. Box # 955 S.W. SQUIRE JOHNS LN	3. Mailing Address 955 S.W. SQUIRE JOHNS LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PALM CITY, FL	City & State PALM CITY, FL
Zip 34990	Country USA



03272007 Chg-P CR2E034 (12/06)

4. FEI Number 35-2239915	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent USSERY, SUZETTE 14268 CROCUS COURT WELLINGTON, FL 33414	
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7. Name and Address of New Registered Agent Name KELLY, SUZETTE D Street Address (P.O. Box Number is Not Acceptable) 955 S.W. SQUIRE JOHNS LANE City PALM CITY FL Zip Code 34990	
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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: Suzette D. Kelly (NOTE: Registered Agent signature required when reinstating) DATE: _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P USSERY, SUZETTE D 14268 CROCUS COURT WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KELLY, SUZETTE D 955 S.W. SQUIRE JOHNS LANE PALM CITY, FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES KELLY, KEVIN J MR. 14268 CROCUS COURT WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRES KELLY, KEVIN J MR 955 S.W. SQUIRE JOHNS LANE PALM CITY, FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: KELLY, SUZETTE D 4/14/07 561 248-6246

DATE: _____ DAYTIME PHONE: _____