


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90060 044 \*\*\*150.00

<b>DOCUMENT # P04000159507</b> 1. Entity Name F. P. VOGEL, INC.	
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Principal Place of Business 25450 STATE ROAD 64 EAST MYAKKA CITY, FL 34251 US	Mailing Address 25450 STATE ROAD 64 EAST MYAKKA CITY, FL 34251 US
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**DO NOT WRITE IN THIS SPACE**

40001001



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1923610	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  VOGEL, FRANK W 25450 STATE ROAD 64 EAST MYAKKA CITY, FL 34251
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**DO NOT WRITE  
IN THIS SPACE**

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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VOGEL, FRANK W 25450 STATE ROAD 64 EAST MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VOGEL, PATRICIA M 25450 STATE ROAD 64 EAST MYAKKA CITY, FL 34251
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**DO NOT WRITE  
IN THIS SPACE**

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:** Frank W. Vogel 1-8-07 941-720-2199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #