## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2007 08:00 AM Secretary of State

DOCUMENT # P0400	00170312		Secreta	ny or Sta
Principal Place of Business	Mailing Address		1	
1376 BURTWOOD DRIVE FORT MYERS, FL 33901	1376 BURTWOOD DRIVE FORT MYERS, FL 33901			
DO NOT WE	RITE IN THIS SPA	CF	02012007 No Chg-P CR2E034	<u>`</u>
	= 0		4. FEI Number 20-2038281	Applied For Not Applicable
				3.75 Additional Required
6. Name and Address of	f Current Registered Agent			
PALUZZI, JOHN R 1376 BURTWOOD DRIVE FORT MYERS, FL 33901			DO NOT WRITE IN THIS SPACE	
O. The characteristics			·	

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 acce
	the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing

\$5.00 May Be Added to Fees

U00000669771 3/20/07-80014-001 150.00

DATE

Trust Fund Contribution 10. OFFICERS AND DIRECTORS HILE PALUZZI, JOHN R NAME STREET ADDRESS 1376 BURTWOOD DRIVE CITY-ST-ZIP FORT MYERS, FL 33901 TITLE NAME STREET ADDRESS CITY ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

## 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 suppliemental/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 received or trystee 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 appear in the properties of the corporation of the corporat

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

507 239.561.80

Daytime Phone