


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90225 016 ***150.00

DOCUMENT # P05000028699 1. Entity Name JOSEPH MOTHERSIL, INC.					
Principal Place of Business 1188 SPRINGWOOD RUN WINTER PARK, FL 32792			Mailing Address 1188 SPRINGWOOD RUN WINTER PARK, FL 32792		
2. Principal Place of Business - No P.O. Box # 1188 Springview Run		3. Mailing Address 1188 Springview Run		60043035 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04222007 Chg-P CR2E034 (12/06)	
City & State Winter Park FL		City & State Winter Park FL		4. FEI Number 52-2452577	
Zip 32792		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOTHERSIL, JOSEPH F 1188 SPRINGNEW RUN WINTER PARK, FL 32792				7. Name and Address of New Registered Agent Name: Mothersil, Joseph F. Street Address (P.O. Box number is Not Acceptable): 1188 Springview Run City: Winter Park FL Zip Code: 32792	
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: <u>X Joseph Mothersil</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>04/24/07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTHERSIL, JOSEPH F <input type="checkbox"/> Delete 1188 SPRINGVIEW RUN WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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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: <u>X Joseph Mothersil</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>04/24/07</u> <small>DATE</small>		