


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

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| DOCUMENT # P05000059269 |  |
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| Principal Place of Business 1062 CO HWY 177A BONIFAY, FL 32425 | Mailing Address 1062 CO HWY 177 A BONIFAY, FL 32425 |
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DO NOT WRITE IN THIS SPACE



02152007 No Chg-P CR2E034 (11/05)

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|----------------------------------|--|
| 4. FEI Number 20-2708725 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CARUSO, PAUL
1062 CO HWY 177 A
BONIFAY, FL 32435

**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 _____

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| 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 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CARUSO, PAUL 1062 CO HWY 177A BONIFAY, FL 32425 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T CARUSO, PAUL 1062 CO HWY 177 A BONIFAY, FL 32425 |
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05/29/07-80032-008 158.75

**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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____