2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000066716

1. Entity Name

ANOTHER CORPORATION



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

4033 YUCATAN CIR

PORT CHARLOTTE, FL 33948

Mailing Address

4033 YUCATAN CIR

PORT CHARLOTTE, FL 33948



04242007

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2514505

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI, FL 33145

CITY-ST-ZIP

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					
Signatura, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE					
FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARKLOW, GREGORY S 4033 YUCATAN CIR PORT CHARLOTTE, FL 33948				
TITLE NAME	VSTD RICHARDS, TERI J				U00 <u>00</u> 0750492
STREET ADDRESS CITY-ST-ZIP	4033 YUCATAN CIR PORT CHARLOTTE, FL 33948				05/18/07-80066-005 150.00
TITLE Name				,	
STREET ADDRESS City-St-Zip	•			_ DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME					
STREET ADDRESS City-St-Zip	,				
TITLE	•				
NAME	-				
STREET ADDRESS			ľ		_

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.

CIGNATURE PORI (Sochards, U.P. See