## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT FILED** Apr 30, 2007 08:00 All Secretary of State DOCUMENT # P05000068483 KOLDENHOVEN & ASSOCIATES II, INC. Mailing Address Principal Place of Business 4395 ST JOHNS PARKWAY 4395 ST JOHNS PARKWAY SANFORD, FL 32771 SANFORD, FL 32771 No Chg-P CR2E034 (11/05) 04242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2851651 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KOLDENHOVEN, LINDA 104 SPRING LAKE LANE ALTAMONTE SPRINGS, FL 32714 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, typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. KOLDENHOVEN, LINDA NAME 104 SPRING LAKE LANE STREET ADDRESS ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP U00000744978 05/16/07-80010-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 il

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

Davime Phone #