## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 01, 2007 8:00 am Secretary of State **DOCUMENT # P05000068489** 03-01-2007 90003 004 \*\*\*158.75 MARTHA WACHTEL JOLICOEUR, P.A. Principal Place of Business Mailing Address 40020201 13579 STAIMFORD DRIVE 13579 STAIMFORD DRIVE WELLINGTON, FL 33414 US WELLINGTON, FL 33414 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092007 Cho-P CR2E034 (12/06) City & State City & State 4 FEI Number Applied For 56-2520205 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent W Jolicoeur JOLICOEUR, MARTHA W Street Address (RO. Box Number is Not Acceptable) 12870 UPPER COVE DR. WELLINGTON, FL 33414 City Wellington 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. $\Box$ Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PN TITLE ☐ Delete TITLE Change Change JOLICOEUR, MARTHA W NAME NAME 13579 STAIMFORD Drive STREET ADDRESS 12870 UPPER COVE DR. STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP Wellington, Fl 39414 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiele TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filling 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. leets

IGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #