## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 18, 2007 08:00 AM DOCUMENT # P05000096226 **Secretary of State ROBERT DETERING PA** Principal Place of Business Mailing Address 93 WOODHAVEN DRIVE 93 WOODHAVEN DRIVE PALM COAST, FL 32164 PALM COAST, FL 32164 CR2E034 (11/05) 02102007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3109973 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOGUIDICE, JOE DO NOT WRITE 1515 RIDGEWOOD AVE IN THIS SPACE HOLLY HILL, FL 32117 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. DATE (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000714306 NAME DETERING, ROBERT 04/27/07-80019-003 150.00 STREET ADDRESS 93 WOODHAVEN DR CITY-ST-ZIP PALM COAST, FL 32164 TITLE NAME

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 receive) 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 l other lit

SIGNATURE

STREET ADDRESS CITY-ST-ZIP **TITLE** NAME STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SUMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIS