

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90080 015 \*\*\*150.00

40075716



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3129774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GILLICH, KEN  
~~1215 N MAIN ST~~  
~~KISSIMMEE, FL 34744~~  
4770 Balfern St  
Cocoa FL 32927

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$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

**10. OFFICERS AND DIRECTORS**

TITLE PSD  
NAME GILLICH, KEN  
STREET ADDRESS ~~1215 N MAIN ST~~ 4770 Balfern St  
CITY-ST-ZIP ~~KISSIMMEE, FL 34744~~ Cocoa FL 32927

TITLE VTD  
NAME ~~STEWART, JIM~~  
STREET ADDRESS ~~1215 N MAIN ST~~  
CITY-ST-ZIP ~~KISSIMMEE, FL 34744~~

TITLE  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

**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: Kenneth J. Gillich 4-5-07 321693 7616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #