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

**DOCUMENT # P05000110042** BRENDA BAGWELL, CPA, P.A.



**FILED** Apr 11, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2061 WEMBLEY PL. OVIEDO, FL 32765 2061 WEMBLEY PL. OVIEDO, FL 32765



## DO NOT WRITE IN THIS SPACE

04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3307700 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAGWELL, BRENDA 2061 WEMBLEY PL. OVIEDO, FL 32765

## 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 Signature hybrit of printed name of registered again and tifle if applicable (NOTE: Registered Agont signature required when renscring). DATI;						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BAGWELL, BRENDA 2061 WEMBLEY PL. OVIEDO, FL 32765					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
THE NAME STREET ADDRESS CITY-ST-ZIP			;	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		U00000701473	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000701473 04/20/07-80059-009 150.00		
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. SIGNATURE:

GNING OFFICER OR DIRECTOR

BAGWELL