## **№** 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 24, 2007 8:00 am Secretary of State DOCUMENT # P05000151558 01-24-2007 90044 006 \*\*\*150.00 **TEOLIS CORPORATION** Principal Place of Business Mailing Address 2709 SWAMP CABBAGE COURT 2709 SWAMP CABBAGE COURT FORT MYERS, FL 33901 FORT MYERS, FL 33901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Cha-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 20-4110547 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **TEOLIS, NANCY W** Street Address (P.O. Box Number is Not Acceptable) 3728 SW 1ST PL CAPE CORAL, FL 33914 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE TEOLIS, JEFFREY R NAME NAME 3728 SW 1ST PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TEOLIS, NANCY W NAME NAME STREET ADDRESS 3728 SW 1ST PL STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS

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.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

G OFFICER OR DIRECTOR

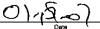
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



Daytime Phone #

☐ Change

☐ Addition

FILED