

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000160517

1. Entity Name
PROFIT MAKERS, INC.



Principal Place of Business
**1129 ARBOR GLEN CIRCLE
WINTER SPRINGS, FL 32708 US**

Mailing Address
**1129 ARBOR GLEN CIRCLE
WINTER SPRINGS, FL 32708 US**



03152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3910654

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAN SYCKLE, TAMARA
1129 ARBOR GLEN CIRCLE
WINTER SPRINGS, FL 32708**

**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, typed or printed name of registered agent and title if applicable.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
VAN SYCKLE, TAMARA
1129 ARBOR GLEN CIRCLE
WINTER SPRINGS, FL 32708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
VAN SYCKLE, CARL
1129 ARBOR GLEN CIRCLE
WINTER SPRINGS, FL 32708**

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
CITY-ST-ZIP

UD00000678093
04/02/07-80019-012 150.00

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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tamara VanSyckle **Tamara VanSyckle** **3/23/07** **407-383-1890**
President