



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

07-10-2007 90007 049 \*\*\*150.00

<b>DOCUMENT # P05000168225</b> 1. Entity Name <b>CAROL A. WEXLER, INC.</b>																																	
Principal Place of Business <b>4700 SW 58TH PLACE</b> <b>OCALA, FL 34480</b>			Mailing Address <b>4700 SW 58TH PLACE</b> <b>OCALA, FL 34480</b>																														
2. Principal Place of Business - No P.O. Box # <b>4700 SE 58th Place</b> Suite, Apt. #, etc. <b>Ocala, FL 34480</b> City & State		3. Mailing Address <b>4700 SE 58th Place</b> Suite, Apt. #, etc. <b>Ocala, FL</b> City & State																															
Zip <b>34480</b>		Country <b>USA</b>		4. FEI Number <b>83-0446957</b>																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable																															
6. Name and Address of Current Registered Agent  <b>WEXLER, CAROL A</b> <b>4700 SW 58TH PLACE</b> <b>OCALA, FL 34480</b>			7. Name and Address of New Registered Agent Name <b>SW 58th Place</b> <i>incorrect</i> <b>Should be:</b> <b>SE 58th Place</b> acceptable) FL Zip Code le of Florida. I am familiar with, and accept																														
8. The above named entity submits this statement for the purpose of changing its regist- the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register</small>																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>WEXLER, CAROL A</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4700 SW 58TH PLACE</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>OCALA, FL 34480</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	<b>WEXLER, CAROL A</b>	<input type="checkbox"/>	STREET ADDRESS	<b>4700 SW 58TH PLACE</b>		CITY - ST - ZIP	<b>OCALA, FL 34480</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP			
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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.																																	
<b>SIGNATURE:</b> <u>Carol A. Wexler</u> <u>Carol A. Wexler</u> <u>July 2, 2007</u> <u>352-319-9389</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	