## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State
05-18-2007 90020 029 \*\*\*150.00

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DOCUMENT # P06000014596  1. Eniky Name DAVID N. PFLANZER, INC.						-	3, 30020 0 <u>2</u> 3	150.00
Principal Place of Bu	siness	Mailing Address						
18307 WEYBURNE AVE. TAMPA, FL 33647 US		18307 WEYBURNE AVE. TAMPA, FL 33647 US			) to divers	o gama onu sáin áith áine	BRIDI JAM PIEBI PHIA PRINC	B. marker 21 31 780 3
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apl. W. etc.		Suite, Apt. #, etc.			05092007	Chg-P	CR2E034 (12/0	5)
City & State		City & State			4. FEI Number Applied For LO - 4226011 Not Applicable			
Zip	Country	Zip	Coun	itry	<u> </u>	e of Status Desired	□ \$8.75 / Fee Requ	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
PFLANZER, DAVID N 18307 WEYBURNE AVE.				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FL 33647						<del></del>		
				City		<del></del>	FL ZpC	ode
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								
FILE NOWIII FEE IS \$150.00  9. Election Campaign Financing Due by September 14, 2007  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  In accordance with s. 607.193(2Xb), F.S., the corporation did not receive the prior notice.								o), F.S., the or notice.
10. OFFICERS AND DIRECTORS 11.					ADDITIONS	I /CHANGES TO OFFIC	CERS AND DIRECTO	DRS IN 11
THE President Deies III				Į.			☐ Chang	
NAME David Pflanzer NA			NAM	LE ADORESS				
STARET ADDRESS 18307 Weyburne Dr. s CHY-SI-ZP Tampa, FL 33647				-ST-20P				
LUTE	☐ Detaile						Chang	e 🔲 Addition
NAME STREET LOOPERS	- 1			E .				}
STREET ADORESS CITY-ST-BP				ET ADDRESS -ST-ZIP				
TITLE	Delete IIII						Chang	e 🔲 Addition
I				±1 ADORESS				İ
<del></del>				-ST-ZIP				
THE NAME	Delete 1 ITI						Chang	e ∐Addition
STREET ADDRESS CITY+S1-ZIP			STRE	ELI ADDRESS -ST-ZIP				
LUTE	☐ Delate ITL			- 1			Chang	e 🔲 Addition
NAME STREET ADDRESS			NAM SIRE	ELT ADDRESS				l
CITY-ST-ZP				-SI-ZIP				
IRLE	,	Oelete	ME	E .			Chang	8 🔲 Addition
NAME STREET ADDRESS			1	ET ADDRESS				
12. I hereby certity i	hat the information supplied wi	ith this tiling does not qualify	for the ex-	emptions contained	in Chapter 11	9, Florida Statutes. I f	urther certify that the	e intermation
12. Thereby certify that the information supplied with this fling does not quelify for the exemptions contained in Chapter 119, Floride Statutes. Durther certify that the information indicated on this report or supplemental report is true and occurate and that my signature shall have the same legal effect as if made under eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						5-11-07	83-426	-3619
l	MUNATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICE	- UM DIRLEC	108		CHRE	· Jaycome Phone	•