

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90021 030 ***158.75

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02152007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4368799** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

FUSILIER, STEVE
6445 S. CHICKASAW TRAIL
#170
ORLANDO, FL 32829

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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 _____ (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 **P** ☒ Delete
NAME FUSILIER, STEVE
STREET ADDRESS 6445 S. CHICKASAW TRAIL #170
CITY-ST-ZIP ORLANDO, FL 32829

TITLE **D** ☐ Delete
NAME FUSILIER, BENNIE JOE
STREET ADDRESS 6445 S. CHICKASAW TRAIL #170
CITY-ST-ZIP ORLANDO, FL 32829

TITLE **D** ☐ Delete
NAME OLIVO-ROSARIO, CARMEN
STREET ADDRESS 6445 S. CHICKASAW TRAIL #170
CITY-ST-ZIP ORLANDO, FL 32829

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME FUSILIER, BENNIE JOE
STREET ADDRESS 6445 S. CHICKASAW TRAIL #170
CITY-ST-ZIP ORLANDO, FL 32829

TITLE **S** ☒ Change ☐ Addition
NAME FUSILIER, BENNIE JOE
STREET ADDRESS 6445 S. CHICKASAW TRAIL #170
CITY-ST-ZIP ORLANDO, FL 32829

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #