2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000031910 1. Entity Name 01-18-2007 90091 048 ***150.00 SANDRA M SIMMONS PA Principal Place of Business Mailing Address 1914 SW 27TH STREET 1914 SW 27TH STREET US CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-4420269 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMMONS, SANDRA M Street Address (P.O. Box Number is Not Acceptable) 1914 SW 27TH STREET 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. SIGNATURE. Signaturu typod or printed name of registored agent and little if approache (NOTE: Registered Agent signature required when reinstating) DA3E 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITLE ☐ Change HITLE SIMMONS, SANDRA M NAME NAME 1914 SW 27TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 33914 Deleta THE TIFLE Change Addition NAMI. NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-S1-ZIP Delete TITLE Addition TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete Addition TITLE NAME STREET ADURESS STREET ADDRESS C/TY - ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition HILE TITEE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP THLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fling 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 ampowered.

SANDRA M SIMMONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 18, 2007 8:00 am

239-849-0500

Daytine Phone #