## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 05, 2007 8:00 am Secretary of State DOCUMENT # P06000072434 03-05-2007 90061 014 \*\*\*150.00 PADGETT WETZ & YOUNG, P.A. Principal Place of Business Mailing Address 40029663 206 N THIRD ST 206 N THIRD ST LEESBURG, FL 34748 LEESBURG, FL 34748 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. State, Apt. #, etc. 02262007 Chq-P CR2E034 (12/06) 4. FEI Number 20-4932032 Applied For City & State City & State Not Applicable Zip Country Ζiρ Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PADGETT, GREGORY P Street Address (P.O. Box Number is Not Acceptable) 206 N THIRD ST LEESBURG, FL 34748 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. Signature, typed or printed harre of registered again, and tide if applicable (RCHE Registered Agent signature required when reinstainty) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. Change Addition TITLE Delete TITLE PADGETT, GREGORY P 194445 MAME STREET ADDRESS 206 N THIRD ST STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-ZIP Addition TITLE ☐ Chance DEF 🔲 Delete NAME WETZ, GLENNA G NAME STREET ADDRESS 19026 LAKE SWATARA DR STREET ADDRESS CITY-ST-7IP EUSTIS, FL 32736 CITY-ST-ZIP Delete TITLE fr Change ■ Addition TITLE YOUNG, HERBERT P JR. NAME NAME STREET ADDRESS 707 E HILLTOP ST STREET ADDRESS 206 N THIRD ST CITY-ST ZIP FURTLAND PK, FL 34731 DITY ST ZIP LEESBURG, FL 34748 [ ] Change Addition TITLE ☐ Defete 10711 NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change ☐ Addition THEFT TITLE De ele NAME NAME STREET ALIONESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. Thereby certify that the information supplied with this filling 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 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.

NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

2-28-07

352-787-8682