

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90018 049 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                      |                                               |                                                                                                                                      |                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000077998</b><br>1. Entity Name<br><b>EASIER FLORIDA LIVING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                               |                                                                                                                                      |                                                                                                                                                 |  |
| Principal Place of Business<br><b>21343 LEONARD AVE.<br/>PORT CHARLOTTE FL 33954<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      |                                               | Mailing Address<br><b>21343 LEONARD AVE.<br/>PORT CHARLOTTE FL 33954<br/>US</b>                                                      |                                                                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                      | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                                      |                                                                                                                                                 |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                      | City & State<br><br>Zip      Country          |                                                                                                                                      | 4. FEI Number<br><div style="font-size: 1.2em; font-family: monospace;">16-1762571</div> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                      |                                               |                                                                                                                                      | 1st MOORE      CR2E034 (10/06)                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SIMO, TONI J<br/>21343 LEONARD AVE.<br/>PORT CHARLOTTE FL 33954</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 re-stating)<br><small>Signature, typed or printed name of registered agent and title if applicable.      DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                      |                                               |                                                                                                                                      |                                                                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                      |                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |                                                                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      |                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P</b><br><b>SIMO, TONI J</b><br><b>21343 LEONARD AVE.</b><br><b>PORT CHARLOTTE FL 33954</b> <input type="checkbox"/> Delete       |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VP</b><br><b>GUTERMUTH, LORRAINE T</b><br><b>4913 KENVIL DR.</b><br><b>NORTH PORT FL 34288</b> <input type="checkbox"/> Delete    |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DIR</b><br><b>MARTELL, JESSICA M</b><br><b>1589 AMSTEAD ST.</b><br><b>PORT CHARLOTTE FL 33980</b> <input type="checkbox"/> Delete |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                      |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                      |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                      |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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> <i>Toni J Simo</i> <i>Toni J Simo President 3-13-07</i> <i>941-627-0062</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      |                                               |                                                                                                                                      |                                                                                                                                                 |  |