

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90056 047 ***150.00

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02082007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5089161** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, LARRY JR.
6803 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

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	D	<input checked="" type="checkbox"/> Delete
NAME	CHANDLER, MIKE	
STREET ADDRESS	4801 COLUMBUS STREET, SUITE 202	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, TRAVIS	
STREET ADDRESS	141 CAROLINA'S WAY	
CITY-ST-ZIP	FAYETTEVILLE, GA 30215	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, LARRY JR.	
STREET ADDRESS	6803 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, LORAN E	
STREET ADDRESS	119 ROCKWOOD DRIVE	
CITY-ST-ZIP	PITTSBURGH, PA 15238	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEVES, RONALD	
STREET ADDRESS	9 WOODHOLME VILLAGE COURT	
CITY-ST-ZIP	PIKESVILLE, MD 21208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

x 3-05-07 410 4848018 Date Daytime Phone #