2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000150793

1. Entity Name
PAUL M. POPPER CORP.

07 MAY 18 PM 2:46
STATE
FLORIDA

Principal Place of Business	Mailing Address
1691 HUNTER CREEK DRIVE PUNTA GORDA, FL 33982	99 NESBIT STREET PUNTA GORDA, FL 33950

02232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	C/O MICHAEL P. HAYMENS Suite, Apt. #, etc. 99 NESBIT ST.
City & State	City & State PUNTA GORDA FL
Zip / Country	Zip 33950 / Country

4. FEI Number — ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HAYMANS, MICHAEL P
99 NESBIT STREET
PUNTA GORDA, FL 33950

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 ________ Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGR P NAME PAUL M. POPPER STREET ADDRESS 1691 HUNTER CREEK DRIVE CITY-ST-ZIP PUNTA GORDA, FL 33982	☐ Change ☒ Addition
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: X PAUL M. POPPER PRESIDENT 941-629-7707
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

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