

Changes must be typed or printed in this area.

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05 2007 08:00 AM
Secretary of State

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E034 (10/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
				4. FEI Number NO-T APPLICABLE	
				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSE, FRANKLIN L 99 SEASIDE AVE #3 KEY LARGO FL 33037			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's signature required, if changing.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SOLOZ, SYLVIA		STREET ADDRESS	000000623384	
CITY-STATE-ZIP	99 SEASIDE AVE		CITY-STATE-ZIP	02/13/07-80062-021 158.75	
	KEY LARGO FL 33037				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, LORRAINE F		NAME		
STREET ADDRESS	99 SEASIDE AVE.		STREET ADDRESS		
CITY-STATE-ZIP	KEY LARGO FL 33037		CITY-STATE-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADSHAW, CATHERINE		NAME		
STREET ADDRESS	99 SEASIDE AVE		STREET ADDRESS		
CITY-STATE-ZIP	KEY LARGO FL 33037		CITY-STATE-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, FRANKLIN L		NAME		
STREET ADDRESS	99 SEASIDE AVE., #3		STREET ADDRESS		
CITY-STATE-ZIP	KEY LARGO FL 33037		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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.					
SIGNATURE: <i>Franklin L. Rose</i>			Date: <i>1-29-2007</i> Daytime Phone #: <i>305-852-3959</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					