

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

"Dept. of State"



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0466514

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

MESSINA, THOMAS  
4632 VINCENNES BLVD  
102  
CAPE CORAL, FL 33904

**DO NOT WRITE  
IN THIS SPACE**

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**

TITLE	DP
NAME	MESSINA, THOMAS
STREET ADDRESS	4632 VINCENNES BLVD, 102
CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	S
NAME	MESSINA, GAYLE
STREET ADDRESS	4632 VINCENNES BLVD., 102
CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000670269  
03/27/07-80105-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: DP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-07 239-945-7693