

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90295 001 ***361.25

66001251



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0481714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUBAN, KENNETH A
35 OCEAN REEF DRIVE
SUITE 200
KEY LARGO, FL 33037

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	VD
NAME	ASTBURY, PAUL M.G.
STREET ADDRESS	35 OCEAN REEF DRIVE SUITE 200
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	P
NAME	DICKINSON, WILLIAM H
STREET ADDRESS	35 OCEAN REEF DR., STE 200 EO
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	VT
NAME	GARDER, SUZANNE
STREET ADDRESS	35 OCEAN REEF DR., STE 200 EO
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	VPS
NAME	LUBAN, KENNETH
STREET ADDRESS	35 OCEAN REEF DR., STE 200 EO
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth A. Luban, VS

Date

Daytime Phone #

2/5/07 (305) 867-5850