

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90111 018 \*\*\*158.75

40100000



04122007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3253357

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KINCAID, JAMES  
5505 N ATLANTIC AVE  
#115  
COCOA BEACH, FL 32931

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5505 N ATLANTIC AVE., # 108  
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 James Kincaid James Kincaid, VP 4/26/07  
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          | DPST                     | <input checked="" type="checkbox"/> Delete |
| NAME           | MCPHILLIPS, JACQUELINE   |  |
| STREET ADDRESS | 5505 N ATLANTIC AVE #115 |  |
| CITY-ST-ZIP    | COCOA BEACH, FL 32931    |  |
| TITLE          | VD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | MCPHILLIPS, MICHAEL      |  |
| STREET ADDRESS | 5505 N ATLANTIC AVE #115 |  |
| CITY-ST-ZIP    | COCOA BEACH, FL 32931    |  |
| TITLE          | DC                       | <input type="checkbox"/> Delete            |
| NAME           | HARDING, NEAL            |  |
| STREET ADDRESS | 5505 N ATLANTIC AVE #115 |  |
| CITY-ST-ZIP    | COCOA BEACH, FL 32931    |  |
| TITLE          | DV                       | <input type="checkbox"/> Delete            |
| NAME           | KINCAID, JAMES           |  |
| STREET ADDRESS | 5505 N ATLANTIC AVE #115 |  |
| CITY-ST-ZIP    | COCOA BEACH, FL 32931    |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| 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 | 5505 N ATLANTIC AVE., # 108 |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          | DVST                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |  |
| STREET ADDRESS | 5505 N ATLANTIC AVE., # 108 |  |
| 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            |
| 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: James Kincaid James Kincaid 4/26/07 321-799-4090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #