## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 05, 2007 08:00 AN Secretary of State

			,	n	α ΄	CC
1. Entity Name	MENT # P94000072 ey's real estate land		Secretary of Sta			
Principal Place		Mailing Address 1930 PARK MEADOWS DR	1			
' STE 9' Ft. Myers, F	STE 9' #9 FT. MYERS, FL 33907 US FT. MYERS, FL 33907 US			. A CHARLEST AND LETTE COURT COURT COURT STATE COURT STATE COURT C		
_	O NOT WOITE	IN THE COA	^F	07022007	No Chg-P CR2E034	1 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb		Applied For
	•	* * *	. **	65-656		Not Applicable
	•			5. Certificate		8.75 Additional se Required
	6. Name and Address of Current	tegistered Agent				
GARDNER, L. LARRY 502 SW 25TH TERR CAPE CORAL, FL 33914			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Florida. I am far	miliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent 4	d Agent signature require	d when reinstaling) DATE			
	LE NOWIII FEE IS \$150.00 ue by September 14, 2007	Election Campaign Final Trust Fund Contribution.	~ ~	.00 May Be led to Fees	In accordance with s. 607.1 corporation did not receive	93(2)(b), F.S., the the prior notice.
10. OFFICERS AND DIRECTORS						
TITLE	PVD		•			
NAME CIDCLE ADDOCCO	GARDNER, LEONARD L		ŀ		· Nagapaane	
CITY-ST-ZIP	REET ADDRESS   502 SW 25TH TERR IY-ST-ZIP   CAPE CORAL, FL. 33914		·		U0000076	n les
TITLE	GEN & CONTRACT & COUNTY	,	1 ''	•	07/05/07 -80	006-010 <sup>3,00</sup>
STREET ADDRESS						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 of the receiver of fusite 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

BIGHLITURE AND TYPED OR PRINTED NAME OF BIGHING OPPICER OR DIRECTOR

Juy 2, 2007 (239) 277-7330