2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P94000075629 Feb 13, 2007 08:00 AM **Secretary of State** CV & RD CORPORATION Principal Place of Business Mailing Addross 13903 LAKE BLUFF CT 13903 LAKE BLUFF CT TAMPA FL 33624 TAMPA FL 33624 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suito, Apt. #, etc 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-3273383 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOTRANZA, STEVE Street Address (P.O. Box Number is Not Acceptable) 13903 LAKÉ BLUFF CT **TAMPA FL 33624** City 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 Signature, typed or printed raine of registered agent and title it applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ BHE ☐ Change Addition Delete 11111 PANTALEO, CLARA NAMI NAME U00000634096 13903 LAKE BLUFF CT STREET ADDRESS STREET ADDRESS 02/21/07-80090-020 150.00 **TAMPA FL 33624** CITY+S1-7IP CITY+S1-7IP VD HIC ☐ Dolete nin Change Addition KOTRANZA, STEVE NAMI NAMI 13903 LAKE BLUFF CT STRUTT ADDRESS STREET ADDRESS **TAMPA FL 33624** CHY-S1-ZIP CITY - ST- ZIP 1000Delete шп Change norlibbA 🛄 ALBERTS, DEBRA NAME NAME STREET ADDRESS 13903 LAKE BLUFF CT STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-7IP Delete BH Change ■ Addition BILL ALBERTS, MICHAEL ΝΛΜΙ NAMI 13903 LAKE BLUFF CT STREET ADDRESS SHILL ADDRESS **TAMPA FL 33624** CHY SI-ZIP CHY-SEZIP Delete Change ☐ Addition mn WARNER, JAMES NAME NAMI 13903 LAKE BLUFF CT STREET ADORESS STREET ADDRESS **TAMPA FL 33624** CITY-ST-7/P CITY-ST-7IP TITLE ☐ Change Addition DILLE ☐ Defete WARNER, VITA NAMI NAME 13903 LAKE BLUFF CT STREET LADDRESS STREET ADDRESS **TAMPA FL 33624** CHY-SI-ZIP CITY-S1-7IP

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 eath; 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.

Debra. Alberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED