2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 08:00 A Secretary of State

ANNOAL KEFOKI				T C C C			
DOCUN	MENT # P940000803	69			Secretary of	ry of S	
	RTNERS, INC.						
Principal Place	e of Business	Mailing Address					
13575 58TH 200	ST N	13575 58TH ST N 200					
CLEARWATER	R, FL 33760 US		JS				
						BB181 B111 B5188 1116 \$1110 B1108 11481	
	O NOT WOITE	IN THIS SDA	CE.	04132007	No Chg-P	CR2E034 (11/05)	
ט	O NOT WRITE	IN I IIIO SPA	CE,	4. FEI Numb 65-053		Applied For Not Applicable	 Э
	,	•		5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent			:		_
CLEARWA	RT ST, SUITE 200 RTER, FL 33756			IN	NOT WI	ACE	
	named entity submits this statement for the ions of registered agent.	ne purpose of changing its registe	red office or registe	ered agent, or bo	th, in the State of Fiori	da. I am familiar with, and accept	
SIGNATURE Signature, hyped or ponted name of registered agent and title if applicable (NOTE Registered Agent agnature required)				d when reinstating) DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5 Trust Fund Contribution. Add			0733718 -80097-015 150.00	
10.	OFFICERS AND DI	RECTORS					
TITLE	PTD		1				
NAME	FISHER, JACOB		1				
STREET AOORESS CITY-ST-ZIP	13575 58TH STREET NORTH CLEARWATER, FL 33760		8.7		, ·		
TITLE	CLEARWATER, TE 33700			***	, , ,		
NAME.							
STREET ADDRESS CITY-ST-ZIP				46.6		·	
TITLE							
NAME STREET ADDRESS					NOT 14/		

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 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.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTACT ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fisher auch

4/23/07

127-538-4100