

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90007 040 \*\*\*150.00

DOCUMENT # P94000088316

1. Entity Name

SMART CONNECTIONS, INC.



Principal Place of Business

~~2427 PORTER LAKE DRIVE~~  
~~100~~  
~~SARASOTA FL 34240~~

Mailing Address

3700 S OSPREY AVE  
203  
SARASOTA FL 34239



2. Principal Place of Business - No P.O. Box

3700 S. OSPREY AVE  
Bldg. Apt. #, etc.  
203

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

SARASOTA FL

City & State

Zip

34239

Country

USA

Country

4. FEI Number

65-0540687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHLOSSER, GABRIEL J  
4910 AVON LANE  
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and (if not applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: V  
NAME: FOLZ, WILLIAM  
STREET ADDRESS: 3700 S OSPREY AVE, #203  
CITY- ST- ZIP: SARASOTA FL 34239 ☐ Delete

TITLE: P  
NAME: FOLZ, CAROLE A  
STREET ADDRESS: 3700 S OSPREY AVE, #203  
CITY- ST- ZIP: SARASOTA FL 34239 ☐ Delete

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
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CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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CITY- ST- ZIP:

TITLE: ☐ Change ☐ 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 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 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

April 23, 2007

Date

Daytime Phone #

321-8600