

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90021 004 ***150.00

DOCUMENT # P96000004882

1. Entity Name
DISBURSEMENTS, INC.



Principal Place of Business
**2700 SOUTH TAMiami TRAIL
SARASOTA, FL 34239**

Mailing Address
**POST OFFICE BOX 15154
SARASOTA, FL 34277-5154**

40141577



06052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0647817

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALD, SHELDON
2700 SOUTH TAMiami TRAIL
JUIDEZ
SARASOTA, FL 34239**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ~~PGT~~
NAME ~~WOODMAN, MARGO C~~
STREET ADDRESS ~~2700 SOUTH TAMiami TRAIL~~
CITY-ST-ZIP ~~SARASOTA, FL 34239~~

TITLE ~~S P D~~
NAME ~~WALD, S G~~
STREET ADDRESS ~~2700 S TAMiami TR~~
CITY-ST-ZIP ~~SARASOTA, FL 34239~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/11/07

941-3661122