## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000013990

Title:

Name:

Address:

City-St-Zip:

Entity Name: THE W.E. PAGE CORPORATION

FILED Apr 29, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 21999 NW 87TH AVE., RD MICANOPY, FL 32667 **Current Mailing Address: New Mailing Address:** 21999 NW 87TH AVE., RD MICANOPY, FL 32667 FEI Number: 59-3361317 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAGE, WILLIAM E IV 21999 NW 87TH AVE., RD MICANOPY, FL 32667 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BAULDREE, KIMBERLY ANN Name: Name: 21999 NW 87TH AVE RD Address: Address: City-St-Zip: MICANOPY, FL 32667 City-St-Zip: Title: MD Title: () Delete () Change () Addition PAGE, WILLIAM E V Name: Name: 21999 NW 87TH AVE RD Address: Address: MICANOPY, FL 32667 City-St-Zip: City-St-Zip: Title: Title: MD () Delete () Change () Addition PAGE, CARTER E Name: Name: 21999 NW 87TH AVE RD Address: Address: City-St-Zip: MICANOPY, FL 32667 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM E. PAGE IV PRES 04/29/2007

() Delete

PAGE, WILLIAM E IV

MICANOPY, FL 32667

21999 NW 87TH AVE RD

() Change () Addition