## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED. Feb 19, 2007 08:00 AM DOCUMENT # P96000029767 **Secretary of State** O'HARA & ASSOCIATES COURT REPORTER, INC. Principal Place of Business Mailing Address 3610 RUSTY GRACKLE DRIVE PALM HARBOR FL 34683 3610 RUSTY GRACKLE DRIVE PALM HARBOR FL 34683 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3373402 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'HARA, CYNTHIA M 3610 RUSTY GRACKLE DRIVE Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34683 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 (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and title if applicable. 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 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete HHE ☐ Change Addition O'HARA, CYNTHIA M NAME 3610 RUSTY GRACKLE DRIVE STREET ADORESS U00000639816 STRLET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 02/28/07-80042-012 450.00 CHY-ST-ZIP TITLE ☐ Defete 10116 □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THE Dolete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TETEF Change Delete TITLE Addition NAME NAME. STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-SI-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 early 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 DIRECT

<u> グジー14-01</u> Date

Daytime Phone #