

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90125 028 \*\*\*550.00

**DOCUMENT # P97000002264**

1. Entity Name  
FILM TECHNOLOGIES INTERNATIONAL, INC.



Principal Place of Business  
2630 FAIRFIELD AVE S  
ST. PETERSBURG, FL 33712

Mailing Address  
2630 FAIRFIELD AVE S  
ST. PETERSBURG, FL 33712

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

07032007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3422874

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLETCHER, DAVID A  
2630 FAIRFIELD AVE S  
ST. PETERSBURG, FL 33712

Name DON WHEELER  
Street Address (P.O. Box Number is Not Acceptable)  
2630 FAIRFIELD AVE. S.  
City ST PETERSBURG FL 33712

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 Donald Wheeler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/13/07

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	WHEELER, DONALD O	
STREET ADDRESS	2630 FAIRFIELD AVE S	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	MICHAUD, STEPHEN	
STREET ADDRESS	2630 FAIRFIELD AVE S	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIRO, FRANK	
STREET ADDRESS	2630 FAIRFIELD AVE S	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	BENEDETTI, DAVID	
STREET ADDRESS	2630 FAIRFIELD AVE S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, DAVID	
STREET ADDRESS	2630 FAIRFIELD AVE S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRACY, KIMBER	
STREET ADDRESS	2630 FAIRFIELD AVE S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

7/13/07

DATE

727-327-2544

Daytime Phone #