## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P9700003655 1. Entity Name

**FILED** May 03, 2007 08:00 AM Secretary of State

CR2E034 (11/05)





Principal Place of Business

955 WILDWOOD DRIVE ST AUGUSTINE, FL 32086 Mailing Address

955 WILDWOOD DRIVE ST AUGUSTINE, FL 32086



02272007

4. FEI Number	Applied For		
59-3430959	Not Applicable		
5. Certificate of Status Desired	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

TATUM, CLELL B 955 WILDWOOD DRIVE

## DO NOT WRITE

No Chg-P

ST AUGU	STINE, FL 32086		t in the second	IN T	THIS SI	PACE	
	named entity submits this statement for the patient of registered agent.	ourpose of changing its registere	od office or re	egistered agent, or bo	oth, in the State of F	lorida. I am familiar w	ith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	d Agent signature	required when reinstating)		DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS				1.	, <u>t</u> .,
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12. I hereby of indicated of the cor	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered	ling does not qualify for the exe and accurate and that my signat d to execute this report as requir	mptions con ure shall have ed by Chapte	tained in Chapter 118 e the same legal effec er 607, Florida Statute	9, Florida Statutes. ct as if made under es; and that my nam	I further certify that th oath; that I am an offi- ne appears in Block 10	e information cer or director 0 or Block 11 if