## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2007 08:00 Al Secretary of State DOCUMENT # P97000007457 KARL M. SCHMITZ, III, P.A. Principal Place of Business Mailing Address 12000 N DALE MABRY 12000 N DALE MABRY SUITE 110 TAMPA, FL 33618 SUITE 110 TAMPA, FL 33618 05022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3422358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHMITZ, KARL M III DO NOT WRITE 12000 N DALE MABRY SUITE 110 IN THIS SPACE TAMPA, FL 33618 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 U00000759519 FILE NOW!!! FEE IS \$550.00 Election/Campaign Financing \$5.00 May Be 05/24/07-80046-005 150.00 Trust Fund Contribution. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE SCHMITZ, KARL M III NAME STREET ADDRESS 12000 N DALE MABRY, STE 110 TAMPA, FL 33618 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITI F

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

NAME STREET ADDRESS

> SIGNATURE AND TYPED OR PRINTED NAME OF FIGHING OFFICE OR DIRECTOR

**FILED**