


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90075 022 ***150.00

DOCUMENT # P97000010255 1. Entity Name ANTARES GROUP, INC.																											
Principal Place of Business 760 SUGARWOOD WAY VENICE, FL 34292		Mailing Address 4195 S. TAMiami TRAIL PMB #173 VENICE, FL 34292 US																									
2. Principal Place of Business - No P.O. Box # 530 US 41 By-Pass Suite, Apt. #, etc. Ste. 6B		3. Mailing Address Suite, Apt. #, etc. 																									
City & State Venice, FL		City & State 																									
Zip 34285	Country USA	Zip 	Country 																								
4. FEI Number 65-0720634		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KRUMENAKER, CYNTHIA C 760 SUGARWOOD WAY VENICE, FL 34-2921		7. Name and Address of New Registered Agent Name CYNTHIA K RUMENAKER Street Address (P.O. Box Number is Not Acceptable) 4284 SOUTHWEST AVE. City NORTH PORT FL Zip Code 34286																									
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 CYNTHIA C. K RUMENAKER 03.16.07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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: CYNTHIA C. K RUMENAKER		Date 03.16.07 Daytime Phone # 941-484-7900																									

40038103



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