2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 08:00 A Secretary of State

ANNUAL REPORT					Sometowy of St		
1. Entity Nam	MENT # P970000421	48			, and the second	Secretary of S	
764 E VALLEY DR 7		Mailing Address 764 E VALLEY DR BONITA SPRINGS, FL 34134					
				01102007	No Chg-P	CR2E034 (11/05)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb		Applied For Not Applicable	
				94.3	e of Status Desired	\$8.75 Additional Fee Required	
95889-878 v.	6. Name and Address of Current Reg	pistered Agent	**************************************	<u>26 (1981)</u> - T. J. J. March (1985)		1 se Medulied	
8. The above	PRINGS, FL 34134 named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or r	IN	NOT W THIS SP	ACE	
SIGNATURE.	Signature, typed or printed name of registered agent and to	itle if applicable. (NOTE: Registere	ed Agent signature	required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		1	9. Election Campaign Financing \$5. Trust Fund Contribution. Adde				
10.	OFFICERS AND DIF	RECTORS	. (K) 4 (A)		3000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D GARDELLA, ALISON L 764 E VALLEY DR BONITA SPRINGS, FL 34134					0691033 +80014=018 150,00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDELLA, THOMAS J 764 E VALLEY DR BONITA SPRINGS, FL 34134						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN	THIS SF	ACE	
TITLE NAME CTREET ADDRESS							

12. Thereby certify that the information supplied with this filling 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 is 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

sasdelle 4/1/07

Daytime Phone #