

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90117 001 ***100.00
03-09-2007 90117 002 ****50.00

66004495



01222007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0764288

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

WITTE, LARRY F
201 S.E. 24TH AVE.
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Numbers Not Acceptable)
City
FL Zip Code

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 _____
Signature, by officer or director of registered agent and the corporation (FIDEL) Registered Agent signature required when changing DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BORG, DAVID A	
STREET ADDRESS	1529 VEST AVE.	
CITY ST ZIP	NAPERVILLE, IL 60563	
TITLE	D	☐ Delete
NAME	VAN ITEN, KAREN D	
STREET ADDRESS	1163 PALMETTO CT.	
CITY ST ZIP	NAPERVILLE, IL 60540	
TITLE	D	☐ Delete
NAME	WHITNEY, LINDA E	
STREET ADDRESS	226 ELMWOOD DR.	
CITY ST ZIP	NAPERVILLE, IL 60540	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	WHITNEY, LINDA E	☒ Change ☐ Addition
NAME	25005 ROUND BARRI ROAD	
STREET ADDRESS	PLAINFIELD, IL 60585	
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ 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 I am empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07

Date

620 829 5429

Daytime Phone