FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070813 (5)

Principal Place of Business	Mailing Address		
119 CABOT AVENUE SPRING HILL FL 34606	119 CABOT AVENUE Spring Hill FL 3460 6		

FILED Mar 13 1998 8:00am Secretary of State

EASY /	APPROVALS, INC.)// 18 11/- 1811/- 18 18/- 1818/- 1811/- 1811/- 1811/- 1811/- 1811/- 1811/- 1811/- 1811/- 1811/- 1811/- 1811/-	
Principal Plac	on of Business	Mailing Address				
Principal Place of Business Mailing Address 119 CABOT AVENUE 119 CABOT AVENUE SPRING HILL FL 34606 SPRING HILL FL 34606			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified		
				08/14/1997		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		<u> </u>	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	Δ	City & State		a Flanting Community Figure 1		
23	l c	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pa		
24	25	29	30	Personal Property Tax due June	I	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
DO	YLE, TIMOTHY R		81 Name			
	CABOT AVENUE		82 Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	
SPI	RING HILL FL 34606		83			
			84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	E: Registered Agent signature requir	ed when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	DOYLE, TIMOTHY		1.2 NAME			
STREET ADDRESS	119 CABOT AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34606		1.4 CITY-ST-ZIP			
TITLE	D DOWN TO DELINOT O	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	DOYLE, DENISE C		2.2 NAME			
STREET ADORESS	119 CABOT AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34606	DELETE	2. CITY-ST-ZIP 3.1 TITLE		Change Addition	
TITLE NAME			3.1IIILE 3.2 NAME		CIT OF THE PROPERTY OF THE PRO	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.11)TLE		Change Addition	
NAME			4. NAME		-	
STREET ADORESS			4.5 TREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP		41.4	
TITLE		☐ DELETE	5.1 FITLE		Addition Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
CITY-ST-ZIP			5.4 CITY - ST- ZIP			
TITLE		DELETE	6.1 TITLE	80000245	- Ghange	
NAME			6.2 NAME	80000245 -03/16/980100	95028	
STREET ADDRESS			6.3 STREET ADDRESS	ቀቀቀነሮሽ በሰ		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

813-842-4989