## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P97000077729



FILED Feb 12, 2007 8:00 am

**Secretary of State** 

02-12-2007 90290 001 \*\*\*300.00 WEIDENBACH & CO. P.A. **66001236** Principal Place of Business Mailing Address 1560 CAPITAL CIRCLE N.W. 1560 CAPITAL CIRCLE N.W. SUITE 16 SUITE 16 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3468624 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEIDENBACH, WILLIAM C JR. Street Address (P.O. Box Number is Not Acceptable) 15303 BLUE BOAR RD. TALLAHASSEE, FL 32310 City 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of redistered agent and title if applicable, DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change Addition WEIDENBACH, WILLIAM C JR. NAME NAME STREET ADDRESS 15303 BLUE BOAR RD. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEIDENBACH, LINDA K NAME NAME STREET ADDRESS 15303 BLUE BOAR ROAD STREET ADDRESS CITY - ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Pres.

Z-9-07

850-576-1118