## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 02, 2007 08:00 A Secretary of State

1. Entity Nan	MENT # P970000796			Secretary of S			
	ce of Business WOOD LANE FL 33907 US	Mailing Address 12734 KENWOOD LANE SUITE 77 FT. MYERS, FL 33907 US	,			11/5 16/11 (\$1/8 (8)11 11/14 11/14 11/14 11/14 11/14 11/14 11/14 11/14 11/14 11/14 11/14 11/14 11/14 11/14 11/	
DO NOT WRITE IN THIS SPA			CE	02012007	No Chg-P	CR2E034 (11/05)  Applied For	
·	G. Name and Address of Current Re		· · · · · · · · · · · · · · · · · · ·	65-078 5. Certificate	30866 a of Status Desired	Not Applicable  \$8.75 Additional Fee Required	
STATON, LEE E 12734 KENWOOD LANE SUITE 77 FT. MYERS, FL 33907				DO NOT WRITE IN THIS SPACE			
8. The above the obligat	e named entity submits this statement for the tions of registered agent  Signature typed or printed name of registered agent and			istered agent, or bo	oth, in the State of Fi	lorida. I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	OFFICERS AND DIF PSTD STATON, LEE E 12734 KENWOOD LN STE 77 FT. MYERS, FL 33907	IECTORS .			NOT W		
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS		<del> ,</del>		IN T	THIS SF	PACE	

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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 officer like empowered.

Walt.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #