

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**07 MAR -2 AM 11:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3540962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LAMONT, DAVID A  
3040 GULF TO BAY BLVD.  
CLEARWATER, FL 33759

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fee

800092277138  
03/12/07--01017--010 \*\*3961.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MONGELLUZZI, FRANK M  
STREET ADDRESS POST OFFICE BOX 4699  
CITY-ST-ZIP CLEARWATER, FL 337584699

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

**K. Eckel MAR 05 2007**

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 like empowered.

**SIGNATURE:**

*Frank Mongelluzzi* 2116107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #