

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90053 001 \*\*\*150.00  
01-10-2007 90053 002 \*\*\*\*\*8.75

**66000025**



01052007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3522731** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	WAGNER, GEORGE P JR	
STREET ADDRESS	3073 HORSESHOE DR STE 100	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARRISH, ALAN D	
STREET ADDRESS	3073 HORSESHOE DR STE 100	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGEL, LAWRENCE R	
STREET ADDRESS	1292 SOUTHFIELD PLACE	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23452	
TITLE	VST	<input type="checkbox"/> Delete
NAME	RAWLES, THOMAS	
STREET ADDRESS	3073 HORSESHOE DR STE 100	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JOHN	
STREET ADDRESS	138 BAY HILL DR	
CITY-ST-ZIP	ADVANCE, NC 27006	
TITLE	D	<input type="checkbox"/> Delete
NAME	KORNEGAY, KEVIN M	
STREET ADDRESS	P.O. BOX 1002	
CITY-ST-ZIP	MOUNT OLIVE, NC 28365	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wagner, George P., III	
STREET ADDRESS	3073 Horseshoe Drive Suite 100	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 5, 2007 239-262-8006  
Date Daytime Phone #