


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90128 011 ***150.00

DOCUMENT # P98000061657	
1. Entity Name ADVANCED SABAL PALM CORPORATION	

Principal Place of Business 298 SABAL PALM RD NAPLES, FL 34114 US	Mailing Address 1104 NORTH COLLIER MARCO ISLAND, FL 34145 US
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40125550

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3331 White Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Naples, FL	
Zip	Country	Zip 34117	Country USA



07132007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3538159		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LUNKE, JOSEPH 181 HEATHER GROVE LN NAPLES, FL 34113		7. Name and Address of New Registered Agent Name Michael Lunke Street Address (P.O. Box Number is Not Acceptable) 3331 White Blvd City Naples FL Zip Code 34117

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: Michael Lunke DATE: 7-13-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNKE, JOSEPH J 181 HEATHER GROVE LANE NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2104 Missouri Ct Seymour, TN 37865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUNKE, MICHAEL L 474 N. BARFIELD DR MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3331 White Blvd Naples, FL 34117
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Lunke DATE: 7/13/07 239-572-7007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Lunke