

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90076 021 ***150.00

DOCUMENT # P98000067766

1. Entity Name
EXECUTIVE VIEW, INC.



Principal Place of Business Mailing Address
5801 ULMERTON ROAD, #203 5801 ULMERTON ROAD, #203
CLEARWATER, FL 34620 CLEARWATER, FL 34620

60008356



2. Principal Place of Business - No P.O. Box # 12360 - 66th St.
Suite, Apt. #, etc.

3. Mailing Address 12360 - 66th St.
Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State Largo FL
Zip 33773 Country

4. FEI Number 59-3565456
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

KRIZMANICH, MICHAEL G 12360 - 66th St.
5801 ULMERTON ROAD, #203 Largo, FL 33773
CLEARWATER, FL 34620

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KRIZMANICH, MICHAEL G	
STREET ADDRESS	5801 ULMERTON ROAD, SUITE #203	
CITY-ST-ZIP	CLEARWATER, FL 34620	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRIZMANICH, VINCETTA	
STREET ADDRESS	5801 ULMERTON ROAD, #203	
CITY-ST-ZIP	CLEARWATER, FL 34620	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12360 - 66th St.	
STREET ADDRESS	Largo, FL 33773	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12360 - 66th St.	
STREET ADDRESS	Largo, FL 33773	
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: Michael Krizmanich Michael Krizmanich 1-820-711-7272 530-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #