## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2007 08:00 AM Secretary of State **DOCUMENT # P98000069998** DIANE BASLER, P.A. Principal Place of Business Mailing Address 8294 NORWOOD RD. 8294 NORWOOD RD. LARGO, FL 33777 LARGO, FL 33777 No Chg-P CR2E034 (11/05) 04302007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3537541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BASLER, DIANE DO NOT WRITE 8294 NORWOOD RD. LARGO, FL 33777 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ח 000000755835 05/23/07-80005-011 150.00 BASLER, DIANE NAME 8294 NORWOOD RD. STREET ADDRESS CITY-ST-ZIP LARGO, FL 33777 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE 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

4/30/01. 127-397-6 Date Daytime Phone \*