2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90013 036 ***150.00

DOCUMENT # P98000076593

1. Entity Name
ET CETERA & COMPANY, INC.

Principal Place of Business	Mailing Address
14695 TRIPLE EAGLE COURT FORT MYERS FL 33912	14695 TRIPLE EAGLE COURT FORT MYERS FL 33912

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
404 SAVANNAH PARK WAY	404 SAVANNAH PARK WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY BEACH, FL.	City & State: PANAMA CITY BEACH, FL.
Zip: 32407 Country: USA	Zip: 32407 Country: USA

4. FEI Number 65-0863119 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOCZESKI, HEIDI B
14695 TRIPLE EAGLE COURT
FORT MYERS FL 33912

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
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOCZESKI, HEIDI B 14695 TRIPLE EAGLE COURT FORT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOCZESKI, HEIDI B 404 SAVANNAH PARK WAY PANAMA CITY BEACH, FL. 32407	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] / HEIDI B. GOCZESKI 4/13/07 850-233-4427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #