## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P98000102307 Mar 15, 2007 08:00 AM **Secretary of State** JOE CANTO & COMPANY, INC. Principal Place of Business Mailing Address 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Numbor 59-3547501 Not Applicable Zıp Country Country 7ip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANTO, JOE 7006 ATLANTIC BLVD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32211-8706 City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DPST ☐ Change ■ Addition HHI Detete Tillle CANTO, JOE NAMI. NAMI 7006 ATLANTIC BLVD STIVET ADDRESS STREET ADDRESS JACKSONVILLE FL 32211-8706 CHY-SI-ZIP CITY ST-ZIP Delete ☐ Change ☐ Addition CANTO, JOE U000000667203 7006 ATLANTIC BLVD STREET ADDRESS STREET ADDRESS 03/26/07-80019-004 150.00 JACKSONVILLE FL 32211-8706 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition HH ☐ Delete THLE NAMI NAME STRUT ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP ☐ Addition ШЦ ☐ Delete Change THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7IP Change Addition ☐ Defete THIF NAME NAM STREET ADDRESS STREET ADORESS CHY-SI-ZIP CHY-ST-ZIP TOTUE Change Addition THE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP I horoby certify that the information supplied with this filing does not qualify for the examptions 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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 any address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**